

# CHEMIST & DRUGGIST

The newsweekly for pharmacy

August 13, 1994



## ANTIOXIDANTS, FREE RADICALS AND HEALTH

New research indicates that some vitamins may have a role beyond preventing the traditional problems associated with deficiency. Beta Carotene, Vitamin C and E, may help us to protect our bodies from potentially harmful free radicals and may help in the long term maintenance of health.



ROCHE NICHOLAS  
CONSUMER HEALTHCARE

**Non-contract  
script handling  
OK for now**

**Gloucester HA  
looks for  
pharmacy input**

**Confidence Bill  
aims for legal  
take-up**

**Good show for  
PSNC finances**

**How to value a  
business: Terry  
Maguire speaks**

**Repeat script  
pilot in focus**

**Receivers put  
Vital Health up  
for sale**

**Zeneca sales up  
6 pc at halfway  
as profits rise**





# TAKE A CLOSER LOOK AT BISODOL HEARTBURN\*

Examine **Bisodol Heartburn**, and you'll discover a real difference from many other heartburn treatments - the proven rafting agent, alginic acid.

Alginic acid gives long-lasting protection from the burning pain of rising acid, while two powerful antacids quickly neutralise painful acid in the stomach. So new **Bisodol Heartburn** provides fast-acting and long-lasting relief from heartburn.

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Contact your Whitehall representative today!

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Contains Magaldrate USP, Alginic Acid Ph. Eur., Sodium Bicarbonate Ph. Eur.



**PRODUCT INFORMATION.** Presentation: Bisodol Heartburn Tablets. Active Ingredients: Magaldrate USP 400mg/tablet, Alginic Acid Ph. Eur. 200mg/tablet, Sodium Bicarbonate Ph. Eur. 100mg/tablet. Indications: Bisodol heartburn alleviates the painful conditions resulting from gastric reflux. It is indicated in heartburn, including heartburn of pregnancy, reflux oesophagitis, hiatus hernia, regurgitation and all cases of epigastric distress associated with gastric reflux. Legal Category: GSL Can be used during the last 6 months of pregnancy. If you are taking other medication or symptoms persist, consult your Doctor. \*TRADE MARK



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## Comment

The independent community pharmacist should be delighted that the National Pharmaceutical Association is to continue its support for Wiltshire member David Gompels' legal quest for clarification of the Family Health Services Appeal Unit decision on a minor relocation 'leapfrogging' by Boots/Lloyds (last week, p193).

Justice Popplewell's judicial review of the minor relocation law maintains the *status quo* established with the Boots' Cumbria judgment in 1987, that 'minor' in a minor relocation application refers to geographic/geographic distances and the circumstances of the pharmacy premises concerned. In this latest judicial review, Justice Popplewell says that the effect of the minor relocation of any one pharmacy on neighbouring pharmaceutical businesses is immaterial in law. It is only relevant when a new contract is sought — then health authorities have to consider whether the application is 'necessary or desirable'. He says that paragraph 21 of a DHSS guidance circular — which said that minor relocation should not be detrimental to existing contractors — has no standing.

Of course not all contractors will be happy with this latest learned judgment and will be hoping that it is overturned by the Court of Appeal. Minor relocation procedures are being used creatively by people wishing to

develop retail pharmacy chains rapidly. Businesses in desirable locations are being snapped up and moved to even more desirable spots — an existing supermarket or healthcentre, for example. Any existing business disadvantaged in this way has to grin and bear it. It was hoped that this latest judicial review would establish the parameters of minor relocation, post-Cumbria, possibly limiting the scope of 'minor' to what is reasonable and in the interest of the public and the wider pharmaceutical community.

The independent does not have the resources of the big boys, and so cannot afford the scattergun approach to contract applications and minor relocations — though scattergun is much too loose a phrase to describe their focused activities. They can afford to risk failure, simply because in some cases they will win. The independent can only fail once before going out of business. All power, then, to Gompels' elbow and to his legal beagles.

This week the independent lost out again when the Royal Pharmaceutical Society failed to rule out the faxing of scripts from non-contract pharmacy to contractor — a practice that is largely the province of the chain (see p246). However, the Society is writing to NHS bodies. Faxing should stop or full-contract pharmacies will close. This is neither necessary or desirable for the public!



# Health plan welcomes pharmacy input

Pharmacies in Gloucestershire are being invited to comment on how the health needs of the county can be met more closely in the future.

The invitation comes as part of Gloucestershire Health Authority's 'Proposals for change' 1995-96, and should form the basis of the Health Plan for that period, following the conclusion of the consultation period at the end of October.

## Pharmacy/GP practices add to drugs bill?

The Commons health select committee is now considering allegations that abuses by retail pharmacists and dispensing doctors have contributed to the soaring cost of the NHS drugs bill.

The claims form part of a memorandum submitted by David Thomas, who describes himself as a "territorial pharmaceutical salesman" (and not to be confused with the NPA Board member of the same name). He has worked for various companies since 1966 and claims to have a "wide-ranging knowledge of the marketing and grass roots selling of pharmaceuticals".

Mr Thomas informed the committee that retailers are benefiting from 'bonusing' of prescription products. He explained that to achieve targets, companies are selling retailers packages worth about £25,000 to attract an extra 10 per cent discount or goods in kind. The order is then redistributed to retail colleagues or to a wholesale outlet again — "the sharing of the extra discount being the incentive". Mr Thomas added that all the drugs involved would be charged at the 'proper price' by the FHSA.

Mr Thomas also drew attention to a loophole in the prescription system which allows the retailer to be reimbursed for items not collected by the patient and suggested that the prescription form should include a box for the patient to indicate the number of items he has received.

Mr Thomas commented that, under existing arrangements, and with some items costing upwards of £30, this provides "excellent source of profits for the unscrupulous retailer".

He also accused some dispensing GPs of gross abuse through deals done directly with drug companies.

The proposals are also being circulated to the public. The intention is to use the findings as the pivot for a debate on the way health and health services should change in the run-up to 2000.

One of the areas targeted by the report involves improving performance in primary care. Six areas will come under scrutiny, including:

- how to improve performance in primary care, assessing (among others) prescribing, inadequate smear testing and the transfer of medical records
- how to strengthen the public's involvement in the planning and delivery of healthcare, including the setting up of in-house complaints procedures and practice charters
- how to set and measure standards of performance for obtaining repeat prescriptions.

## CRCs for liquid medicines

The Royal Pharmaceutical Society is instructing all members to dispense liquid medicines in containers with child-resistant caps.

The recommendation, says head of practice matters Roger Odd, follows public and pressure group lobbying for CRCs to be fitted onto all liquid and solid medicines. The measure takes effect from January 1.

According to the Consumer Survey Unit of the Department of Trade and Industry, accidental poisoning of children in the home from medicines accounts for up to half of all paediatric poisoning admissions to accident and emergency departments.

In 1991, a six-month survey carried out by the London Centre of the National Poisons Information Service recorded

improving equity of access for all forms of physical disability and for non-English speakers and, for setting guidelines for referral

• how links between all members of the primary care team can be extended

• how to identify the areas most in need of investment to ensure the most effective allocation of resources

• how the Authority, the result of an amalgamation of the District Health Authority and the Family Health Services Authority, should respond to national changes, taking in the anticipated significant alterations to the nationally negotiated contracts for community pharmacists during 1995-96. This section also hopes to take into account the increasing importance of the role played by community pharmacists in providing primary healthcare.

20,067 total accidental childhood poisonings.

Solid-form medicines have featured CRCs for some time, although problems with 'gumming' have prevented their usage on liquid products.

Packaging technology has still not perfected a totally 'non-stick' CRC but "has reached as high a level as you are possibly going to get", says Mr Odd.

The Society is currently in discussion with the medicines industry about using CRCs on all manufacturers' packs of liquid medicines. It anticipates a positive outcome.

Some suppliers of dispensing bottles for liquid medicines can deliver bottles with necks accepting the same CRCs as on tablet bottles. Contact the RPS for details.

## Errors minimal at the NPRC

The overall cash error on prescriptions routinely checked out by the National Prescription Research Centre was just 0.16 per cent underpaid this year.

The NPRC says it is reassuring to note that the level of accuracy equates "very closely to that of the Prescription Pricing Authority, which checks 2 per cent of all prescriptions on a routine basis".

Some 1 per cent of prescriptions (4.4million), valuing £33.5m were checked.

Additionally, 1m prescriptions (value £8m) were checked at contractors' special requests and the average underpayment was

found to be 0.18 per cent.

• A calendar pack study carried out by the NPRC on more economical calendar pack dispensing on FP10 showed that a number of community pharmacies are exercising the option to dispense a number of sub-packs to cover the quantity ordered. In the interests of simplicity and equity — that is, the patient receives the same quantity at all pharmacies — it is now Pharmaceutical Services Negotiating Committee policy that only the nearest number of sub-packs may be dispensed. This policy is being pursued by the PSNC.

## Big boys on the move ...

Moves by the major multiples dominated changes to the Pharmaceutical Society's Register of Premises in July with 32 pharmacies commencing trading and 17 closures.

In England, 25 pharmacies commenced trading and one was restored to the Register: there were 16 closures. Scotland saw one opening and one closure, while Wales saw one opening. The total number of registered premises now stands at 12,073.

The new pharmacies include one Superdrug outlet in Islington, London; two hospital pharmacies; two in Tesco; and two Boots.

Two new Asda concessions started trading and three outlets were registered with AAH Retail Pharmacy Ltd as the new owners.

## Medicines spending up

The average household spent £1.61 per week on non-NHS medicines, dressings and surgical goods last year, plus £0.25 a week on NHS prescription charges.

This represents a rise of £0.25 on the 1992 spend on medicines and surgical goods. Spending on cosmetics and toilet requisites, other than toilet paper, also increased slightly — from £3.01 a week to £3.03.

The Family Expenditure Survey 1993, published last week by the Central Statistical Office (HMSO, £25), found that the average weekly expenditure per household was £277 compared with £272 in 1992. Food (£50) was the highest spend.

## Saving on scripts

The Consumers' Association has published a new edition of its 'Cheaper than a prescription' booklet (£2.99). It lists several hundred branded drugs and their basic prices, plus OTC medicines which retail for less than £4.75.

This month's *Which? Way to Health* says that private prescriptions can save money.

"But the amount you save is likely to be small," it states.

"The biggest snag is that you can't predict the pharmacist's fee. They can charge what they like, [and] a mark-up of 50 per cent is what to look out for. Some pharmacists will add a fixed fee to the mark-up ... Others will have a minimum or flat fee.

"If you spend a lot on prescribed drugs, your doctor may be able to save you money by prescribing you more on each prescription."



# Confidentiality to become law?

The Royal Pharmaceutical Society's code on patient confidentiality could be superseded by a legally enforceable code of conduct common to all health professionals, if a new draft Bill becomes law.

The proposals will make it a disciplinary offence for health professionals — a definition which includes those registered under the 1954 Pharmacy Act and

the Pharmacy (Northern Ireland) Order 1976 — to breach the Use and Disclosure of Personal Health Information Act.

Drawn up by a multi-disciplinary group including dental, medical and nursing professions, the Bill covers:

- the professionals' duty to preserve confidentiality of personal health information
- lawful disclosure of healthcare information
- disclosure to persons other than a qualified health professional without the consent of the patient
- exceptions to restrictions on disclosure
- the management of information disclosure in accordance

with the Act

- how to take the decision to disclose and safeguards
- the duties of health service authorities

Pharmaceutical bodies such as the RPSGB and the NPA will be consulted before the enactment date of January 1, 1995. However, a question mark looms over whether the Bill will be taken up at all. Says a British Medical Association spokesman: "The Department of Health has shown great reluctance to go any further than a voluntary code, but there is enough anecdotal evidence of information going astray to say that there needs to be a legally enforceable code across the whole health service."

## Strengthen the LINK

Subscribers to AAT's LINK Pharmacy systems can now advertise the service with a free A3 poster.

The poster has been designed by pharmacist and Rescue Independent Pharmacy (RIP) founder Hassan Argomandkhah and will be sent to all subscribers.

A similar campaign for Unichem's Mediphase customers is also thought to be in the pipeline while, for independents, Mr Argomandkhah is talking to other PMR suppliers.

After displaying his poster for two and a half days, Mr Argomandkhah said he received 12 inquiries that otherwise would have gone to Boots.

## Vitamin deficiencies

The vitamins industry has received a rap on the knuckles from the Advertising Standards Authority over exaggerated advertising claims.

The findings come in this month's ASA report and state that, while food and drink manufacturers generally take their advertising responsibilities seriously, several vitamin adverts are "questionable".

They exaggerate the need for, and the efficacy of the products by implying that supplements are necessary for the maintenance of good health or that they could replace a full, nutritionally balanced diet.

The ASA takes the view that such products should be promoted only in the form of a diet supplement.

Typical products that have fallen under investigation by the authority include evening primrose oil, ginseng, ginkgo biloba extract, royal jelly and cod liver oil.

Supplements are promoted as foodstuffs rather than medicinal products and so cannot make strong claims about specific bodily functions without rigorous scientific evidence.

## Pharmacists first choice for parents

Nearly 80 per cent of parents see pharmacists as their first port of call when their child is unwell.

According to a Gallup survey of 350 mothers published in *The Lancet*, only 15 per cent would consult their GP or hospital casualty first, their choice being determined by the professionals' ability to give "rapid treatment".

However, the authors warn that widening the range of OTC medicines may divert more parents away from the GP, with pharmacists becoming increasingly responsible for the first paediatric consultation. They ask: "Does this tendency show some dissatisfaction with the service provided by GPs?"



## Tropical bugs wage war on UK

Global warming could result in a number of tropical diseases becoming endemic in the UK. And, should these diseases arrive, they will find a population with no natural immunity to mitigate their impact.

The stark warning comes in a new Greenpeace report, 'Potential impacts of climate change on health in the UK', which states

that the anticipated results of global warming — warmer summers, milder, wetter winters and more frequent extremely warm years — could see the survival of insects not normally found in this country.

In addition, as global warming transforms the Mediterranean into a sub-tropical climate, parasitic diseases currently found

only in the tropics could be brought back to the UK.

The diseases most likely to affect the UK are: leishmaniasis, a sandfly-borne disease; malaria; rickettsiosis, which is carried by ticks; viral encephalitis, a sheep tick-borne disease already present in eastern France; and other parasitic diseases such as Japanese encephalitis.

## Money for domiciliary visits

Kirklees Family Health Services Authority has allocated £5,000 in 1994-95 for community pharmacists to develop a domiciliary visiting scheme.

The funding is in addition to £5,000 pledged by Social Services. About £3,000 will be spent training the 30 pharmacists who are interested in home visits.

The intention is for GPs or community nurses to identify suitable patients. Pharmacists will visit them at home to assess their needs and claim for

monitored dosage systems.

LPC secretary Andrew Dobson told C&D that the scheme, which will involve nearly half the pharmacies in Kirklees, is likely to start next month and he hoped it would continue for longer than a year if successful.

The funding is largely a result of RPSGB Council member Gillian Hawksworth 'marketing' the pharmacist's potential skills in community care to her local Social Services departments (C&D April 23, p676).



# DoH consults RPS over the way forward

In the wake of last week's announcement that regional pharmaceutical advisory committees are to be abolished, the Royal Pharmaceutical Society has met with the Department of Health to discuss how best to proceed.

RPSGB secretary and registrar John Ferguson says the meeting, which was also attended by representatives of the Regional Pharmaceutical Officers' committee, was an informal chat about the way forward for the new-look NHS Executive, which now assumes all responsibility for community pharmacy, as part of the transfer from the Department of Health of the family health services contractor professions.

"The regions have not gone yet; they are still, and will be, in existence for another two years down the line, as you need primary legislation to abolish them," Mr Ferguson says.

"All the ministers have done is to accept broad principles. Now we need to sort out the everyday details such as which mechanisms will be put in place ... and to make sure that we have the proper advisory structures. The Society has produced its evidence

[proving] the need for high-level pharmaceutical input at a regional level."

This promises to be just one in a regular series of informal meetings with the Department until the new structure is in place — perhaps by next April.

The new structure, as outlined in 'Managing the new NHS', sees the new health authorities take on responsibility for local regulation and the management of primary care services.

The eight regional health service offices, which replace the 14 current regional health authorities, will centre their activities on policy implementation and operational management, and on the development of education, training, research and development, and public health.

They will also be advised by local pharmaceutical committees which remain unaffected by the organisational closures.

Commenting on the switch of responsibility to the Executive, Mr Ferguson remains confident of a smooth transition.

## Care or cash? ask GPs

The benefits of fundholding may be being offset by the danger of patient selection, a new report has warned.

Health economists writing in 'Quasi-markets in the welfare state' warn that fundholding general practitioners may be tempted to dump expensive patients, simply because of budgetary constraints. As a result, the authors have called for the introduction of a more sophisticated funding formula — such as one set in proportion to the needs of patients on the GPs' lists.

However, an Organisation for Economic Co-operation and Development report examining the effect of NHS reforms, notes that fundholding has slowed the spiralling drugs cost burden on the NHS. In February, 1992-93, the national increase in prescribing costs was 12 per cent compared to the fundholders increase of 8 per cent.

Two control trials comparing the spending habits of fundholding and non-fundholding GPs showed that fundholders do look more carefully at new and costly drugs and tend to use more

## Vitamins deficit

The Scottish Prescription Pricing Division has been instructed to accept endorsements for Vitamins Caps BPC on prescriptions dispensed during August and September. It will also continue accepting endorsements on prescriptions for Kabiglobulin Vials during August and September.

## Not alone!

Last week's Pharmacy Update article on audit was not solely authored by David Pruce as the introduction might suggest. The article was co-authored by Catherine Kelly and Janice Mason-Duff, national pharmaceutical audit facilitators for Scotland.

## Bookworms 1

The 1994-95 *Veterinary Data Sheet Compendium* is now available from the National Office of Animal Health, containing data sheets for 1,213 veterinary products. All veterinary pharmacists are being sent a free copy, but further copies (costing £17.50) are available from NOAH, 3 Crossfield Chambers, Gladbeck Way, Enfield, Middlesex EN2 7HF.

## Bookworms 2

An alternative look at family health comes courtesy of naturopath and pharmacist Jan de Vries in *Questions and Answers on Family Health*. The book offers alternative

remedies for dealing with 87 health complaints from acne to varicose veins. The book is published by Mainstream Publishing at the end of September and will retail at £7.99.

He says: "The report suggests that 20 per cent of the staff at the present pharmaceutical division will stay with the wider Department of Health while 80 per cent will go to the Executive, so there should be the same level of experience available."

"Manpower cuts are mainly at the regional levels and, providing the same machinery which gave advice to the Department is there, then I think that there will be no lack of good advice to the Executive."

Stephen Curtis, Regional Pharmaceutical Officers' committee secretary says: "There has been some commitment to find alternative ways to maintain the networks and services. We knew the tier was being reduced to eight regions and it's quite positive that pharmacy is having an input."

"We are hoping that networks of some sort will be maintained, and have opened discussions with the Department and the Society to get a common dialogue to maintain the structure in the future."

## Pharmacy Practice

It has come to our attention that it is the College of Pharmacy Practice not the Centre for Pharmacy Practice which is represented on the Royal Pharmaceutical Society's working group to review standards in hospital pharmacy, as was stated in C&D (July 30, p156).

## Louse nous

The National Pharmaceutical Association has added a consumer leaflet, 'Keep ahead of head lice' and a new patient information leaflet, 'How to use your head louse lotion', the latter being available from the NPA in pads of 50, price £1.50. Other titles in the 'How to use ...' patient information series will cover nebulisers, but the NPA welcomes leaflet ideas from pharmacists.

## Breast awareness

Next on the list of Pharmacy Healthcare Scheme publications is a leaflet on breast awareness, due out in September, followed by emergency contraception in November. Smoking cessation, exercise and health, holiday health, cancer and cervical cancer are set for publication next year.

## J&J and Scott in ASA clash

Johnson & Johnson has been told to delete two brand comparative claims from its Baby Skincare Wipes advertisements, following a complaint by Scott Ltd to the Advertising Standards Authority.

The ASA found in favour of the plaintiff which questioned claims such as "It cleanses. And does it better than any other wipe" and "Clinical tests have proven Johnson's Baby Skincare Wipes are much more effective than the next best brand at fighting the causes of nappy rash".

Both advertisers submitted test results on the cleaning ability of their products and the Authority noted very little difference between the two. Moreover, the advertisers' tests were not found to be sufficiently rigorous to support the superiority claim.

There was also found to be insufficient evidence to support the nappy rash claims.

## Thriftiness at the PSNC

Expenditure by the Pharmaceutical Services Negotiating Committee on administration registered a modest increase in the financial year ending March 31, enabling the Committee to finish the year with a £231,000 surplus in the bank.

The tight rein on administrative spending resulted in a rise in outgoings to just £1.02m — less than 1 per cent more than in 1993.

However, the PSNC's thriftiness was offset by a £85,587 (6.6 per cent) drop in income from levies from Local Pharmaceutical Committees (received and outstanding).

PSNC financial executive Godfrey Horridge says the shortfall was due to the "expenditure requirements being lower than in previous years, therefore less levies were needed".

Most other sections of expenditure show little more than nominal increases over 1993, except for the spend on conferences, which was up £20,239 (50 per cent) on 1993 to £60,835. This was due to a third extraordinary PSNC conference held in early 1994.

Expenditure on public relations rose by only 2 per cent to £90,793, despite calls at the last LPC conference for a bigger PR campaign.

"Our PR campaign against the 2,000 prescription cut-off threshold was our most successful ever. People seem to think you have to throw money away on advertising. It's not true. Getting people to sign a petition was enough," says Mr Horridge.



## The 'big gun' approach

Stocking credible brands from a credible manufacturer is the key to a healthy rate of sale and good profit margins.

The urge to buy little known brands because they are cheap, or because there is a 'deal', is tempting, but they tie up valuable shelf space for long periods of time and can damage cash flow. Those pharmacies which stock high-profile, premium-priced, leading brand names and display them prominently can reap greater financial rewards than those stocking a myriad of little-known products.

For example, in pharmacy, the toothbrush sector is very strong. Pharmacists can either make a 60 per cent profit margin on brushes selling for under a £1, or a 40 per cent margin on nationally advertised, clinically proven brushes that sell for over £2. The choice should be obvious. A clear display, featuring brand leaders, will encourage impulse purchase and result in good profits on premium-priced products. Promoting a high-profile range in its entirety generates better shelf stand out and creates an even bigger impact.

### People like variety and new products, especially those that are advertised on television

Stocking policies will, of course, be determined by your customer profile. For example, is your shop mainly frequented by mothers and children, the elderly, or some other population sector? Think about what they need and stock accordingly. People like variety and new products, especially those that are advertised on television. Constantly changing displays will keep your shop looking fresh and stimulate interest among your customer base.

Independents can react more quickly than multiples by making their own decisions and acting on them without reference to committees!

It is time to get behind the big brand — just look at the success of products like Gillette Series, Dove and Colgate Precision, which have added value to their markets, and have generated excellent profits for pharmacists who have supported them. So forget the scattergun approach. Concentrate on a few 'big guns' in each sector for really healthy sales and profits.

*Written by the chemist sales manager of a leading toiletries manufacturer.*



## Take interest on shortfall on payments

The Prescription Pricing Authority is becoming ever-more user-friendly and, despite my criticisms of last week, it tries not to be too authoritarian in its 'requests' to contractors. At the end of the day, however, it is only acting on instructions from the Department of Health via the regulations which control all our payments.

With last week's letter (**Topical Reflections** August 6) came a 'request for assistance'. With the July 31 falling on a Saturday, I was asked, very nicely, if I could make a special effort and post my scripts in time for registration of accounts by Tuesday, August 2. I felt there was little chance that I could comply because Monday is a very busy dispensing day, but I did make a special effort and was able to post them Monday afternoon.

The PPA has, with my co-operation, achieved its target, but I am still penalised every month by a 20 per cent shortfall in my capital reimbursement. I am sure

those ever so nice PPA people, with their demonstrable efficiency and my proven co-operation, could produce accounts which would totally reimburse me in time for the necessary monthly wholesaler payment, but the Treasury seems reticent about acceding to this reasonable request.

In the rest of commerce, credit is becoming increasingly tight and the wholesalers deduct discount at a penal rate for only small deadline transgressions. It is about time that my paymasters learned from their own economic teachings and matched the credit terms that they assume, by their imposed discount scales, that I adhere to.

As unit net ingredient costs continue to rise, this 20 per cent is becoming a costly loan to the Treasury, with the average contractor permanently losing approximately £5,000. The PPA has shown that there is no logistical reason for the withholding of this money. The Government should now acknowledge that logic of its own economic doctrine and meet my terms of credit. The alternative? Take a leaf out of the wholesalers' book and demand a rapidly increasing rate of interest on the money retained.

## Knickers in a twist ...

Well! Did you spot my deliberate mistake? (**Topical Reflections** July 30 — 'whiter than white list'). For probably the first and last time, I went out on a limb to support a parliamentary report and promptly destroyed my whole argument by inadvertently siding with the establishment!

So much for clever semantics, but even though I did not say what I meant, I did mean what I meant to say! It might also appear that I totally disagreed with the stance of that unusual unholy alliance of the DoH, Royal Pharmaceutical Society and the Association of British Pharmaceutical Industry, but here the ABPI did enjoy my partial support.

I said I felt there was scope

for the development of a white list, and on that I have not changed my mind, but generic substitution is a different ball game over which I fully support the opposition of the ABPI.

As a corollary to this, my humble clarification, I have noted with interest and approval that, according to the latest published statistics for England and Wales for 1993 (*C&D* August 6, p192), generic prescribing has now achieved a level of 47 per cent. This is a rise of 4 per cent in only one year, and is destined to soar in the next few years as doctors' computers are set to automatically default to generic nomenclature.

But the true research and development companies of the pharmaceutical industry have nothing to fear from generic prescribing. A comprehensive patent system should provide adequate financial protection for the true innovator, while the hangers-on of the industry, marketing out-of-patent 'me-too' branded generics, will quickly feel the chill wind of generic attrition.

## What a washout!

A very irate lady returned to my shop the other day and demanded her money back on some lens solution products she had purchased but which, she said, were much cheaper in Tesco. I explained her legal rights, but whatever I said she had decided I was in the wrong! She considered I was profiteering and whether or not I refunded her money I had certainly lost a customer.

Those predicted chickens have now come home to roost and another professional service is under threat. The removal of price and distribution restrictions was designed to open the market to competition and improve consumer choice. The reality is that many independent pharmacies will stop stocking lens solutions altogether as they just cannot compete and still make a profit.

To say 'I told you so' will fall on deaf ears, but from now on my customers will be unable to obtain my professional advice on lens solutions and, when asked, I will politely, but sadly, refer them to our local Tesco.

# Topical REFLECTIONS



# Medical matters

## HIV infection update

The prevalence of HIV-1 infection of pregnant women is significantly higher in London than elsewhere in England and is showing an upward trend, according to a recently published report in the *British Medical Journal*.

An anonymous testing programme involving over 400,000 blood samples found the prevalence of HIV-1 infection in the London centres was 0.23 per cent. This figure varied significantly with age and large variations were also seen among the London centres. The prevalence of HIV-1 infection was 0.011 per cent in cities outside London and 0.007 per cent in non-metropolitan areas.

The authors say "the upward trend in London is probably not an artefact as it is consistent

across the age groups and study centres".

A combination of net immigration of infected women from sub-Saharan Africa and increased transmission of the HIV-1 infection within Britain are probably responsible for the increasing prevalence.

A 10-year follow-up study of injecting drug users in Edinburgh, also published in the *BMJ*, found that in the 1980s death was usually due to overdoses, but now HIV-related problems are the predominant cause of death in this group. Dramatic changes were seen in the route of administration with a move away from injecting to oral use. The study identified benzodiazepine injecting and hepatitis C virus infection as growing problems among drug users.

- More than 17 million people worldwide are now infected with the AIDS virus, according to the World Health Organisation. Data presented at the 10th international conference on AIDS in Japan revealed that last year three million people became infected with the AIDS virus. According to the WHO, the AIDS virus is spreading faster in the Asia Pacific region, than anywhere else in the world.

## Novel CF screening test

A novel cystic fibrosis screening test, using genetic material from mouth wash samples, will be launched in Europe in September, 1994. The test will be marketed and manufactured by Zeneca's Cellmark Diagnostics business and Kodak Clinical Diagnostics.

The nucleic acid diagnostic system is said to be simple to use and provides results in about six hours. The section of DNA containing the CF gene is isolated then amplified to produce sufficient molecular material for analysis using electrophoresis. The test gives one of three results: normal, carrier, or affected CF.

Cystic fibrosis is one of the most common inherited diseases of childhood — one in 2,500 children is born with the disease. Both parents of an affected child are carriers of CF, with one defective gene each, but will not suffer from the disease. A child will suffer from cystic fibrosis if it inherits both defective genes.

In Europe, one person in 25 is a CF carrier and many are unaware of the fact. The new tests can be used to identify such carriers.

The test is expected to be priced at £25-£30, but will probably be available on the NHS.

## Nebulised budesonide for mild to moderate croup

Nebulised budesonide (Pulmicort) can lead to rapid improvement in children with mild to moderate croup, according to a new study, published in *The New England Journal of Medicine*.

Croup is a result of narrowing of the airways and occurs in young children, usually between the ages of six months and three years. It is associated with a paroxysmal 'barking' cough and can cause the child to have breathing difficulties. Severe cases may require hospitalisation and the benefits of glucocorticoid therapy in such patients has been clearly established.

This randomised double-blind trial compared nebulised budesonide (2mg) with a placebo of

nebulised saline in 54 children aged three months to five years who had attended outpatients with mild to moderate croup.

The croup was found to be significantly improved in the budesonide group and these children were discharged from the emergency department markedly earlier than those in the placebo group. One week after enrolling in the study, seven children assigned to placebo had been admitted to hospital as compared with one patient assigned to budesonide. The authors say nebulised budesonide leads to a prompt and important clinical improvement in children with mild to moderate croup who come to emergency departments.

## GORD treatment protocols

A protocol for the treatment of gastro-oesophageal reflux disease (GORD) has been produced, following a survey which revealed that 76 per cent of gastroenterologists believed there was a genuine need for community protocols.

"There is tremendous confusion among both GPs and patients themselves as to how they should control the symptoms of GORD," comments Alan Rich, consultant surgeon at Sutherland District General Hospital.

The protocol, devised by a committee of gastroenterologists and produced with support from Janssen Pharmaceuticals, comprises two flow charts: one for short-term treatment, the other for on-going therapy.

Initial therapy with antacids and life style modification is recommended, followed by treatment with cisapride or proton pump inhibitors if symptoms persist.

If this fails, the patient should be referred for endoscopy to confirm GORD.

### Script Specials

#### Motifene 75mg

Motifene 75mg is a new dual-release pellet formulation of diclofenac from Panpharma. Each capsule contains 25mg diclofenac as enteric coated pellets and 50mg as sustained release pellets. It is indicated for rheumatoid arthritis, and other inflammatory conditions. The recommended dose is one or two capsules daily. The basic NHS price for 56 capsules is £14.99. **Panpharma Ltd. Tel: 0494 766866.**

#### Corlan goes P ...

Corlan pellets are now available, following supply and production difficulties. The new packs will have a P classification and can be sold OTC or dispensed against a prescription. The pellets are available in packs of 20, NHS price £1.40, retail £2.47. **Evans Medical. Tel: 0372 364000.**

#### ... and Anhydrol

Anhydrol Forte, from Dermal

Laboratories, will now be supplied in 60ml packs at an NHS price of £2.82 and retail price of £4.42. Packaging will indicate the product's new P classification. In addition, the company's Exterol Ear Drops are changing pack size from 12ml to 8ml (NHS £1.89, retail £2.95). **Dermal Laboratories Ltd. Tel: 0462 458866.**

#### Correction

Stesolid rectal tubes have not been discontinued (*Medical Matters*, last week, p196). CP Pharmaceuticals is no longer distributing the product which is now available from Dumex. The rectal tubes will now be available in packs of five, rather than four, with an NHS price of £6.38 for 5mg and £8.12 for 10mg. **Dumex Ltd. Tel: 0844 274414.**

#### Eye-Crom change

Baker Norton has changed the name of its prescription version sodium cromoglycate 2 per cent w/v eye drops from Eye-Crom to

Hay-Crom Aqueous Eye Drops, in line with the company's OTC variant. The NHS price for 13.5ml remains £5.15. **Baker Norton. Tel: 0279 426666.**

#### Interferon video

An associated leaflet (last week, p196), explains multiple myeloma, not multiple melanoma.

#### Xleu Maxamaid

The Advisory Committee for Borderline Substances has approved Scientific Hospital Supplies' Xleu Maxamaid for use in the dietary management of leucine disorders. NHS price for a 454g pack is £40.26. **Scientific Hospital Supplies. Tel: 051 228 1992.**

#### MR vaccination

SB will be supplying the DoH with 12.3 million doses of Eolarix for the mass vaccination programme in October (see *Medical Matters* August 6). **Smithkline Beecham. Tel: 0707 325111.**





# Cuprofen

IBUPROFEN TABLETS  
**MAXIMUM  
STRENGTH**

FAST POWERFUL PAIN RELIEF

24

## Cuprofen.

# A perfect balance of quality and price.

While some customers demand premium brands, others prefer the value offered by generics. The problem has always been striking the right balance of stock between the two.

Thankfully, there is now a simple answer. Cuprofen from Seton Healthcare.

Only Cuprofen and **NEW** Cuprofen Maximum Strength offer premium brand quality presentation and performance at a price your customers can afford.

We also offer a guaranteed minimum POR of 33% - balance that against what's on offer from certain other manufacturers.

On top of all this, we're also offering some exceptional deals. So talk to your Seton representative and find out for yourself how Cuprofen's perfect balance of quality and price can satisfy **all** your customers.

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# Counterpoints

## Clear way forward for Timotei

Elida Gibbs has launched Timotei Clear 2-in-1 with Cucumber and Aloe Vera shampoo to combat the problem of heaviness and build-up that some 2-in-1

customers experience.

Timotei Clear 2-in-1 is available in two sizes, 200ml (£1.69) and 400ml (£2.99). Its launch will be supported by a £2.3 million advertising package (part of the brand's total spend of £5 million).

Elida Gibbs admits that the 2-in-1 market has now reached a plateau, but believes this is due in part to consumer dissatisfaction with build-up. It claims that the new shampoo addresses this problem with a "fresh conditioning" proposition. In independent research, users found a 20 per cent improvement in this area.

Andy Routley, category manager, believes that the improved silicone technology in the new product will attract lapsed Timotei users and those previously disappointed by the conditioning performance of 2-in-1s.

Timotei pioneered the 'frequent wash' shampoo phenomenon, but it has slipped from its leading league table position over recent years and is now ranked at number four.

And while Gibbs' is fighting back with Organics against competition from Procter & Gamble's Pantene and Vidal Sassoon's Wash & Go, the company maintains that Timotei is its core hair care brand — and its largest.

The new product launch also coincides with new pack copy for the rest of the Timotei range. Packs are now geared to hair types: Timotei herbs for normal hair; Timotei honey for dry/damaged hair; Timotei minerals for fine/lifeless hair and Timotei almond milk for normal/dry hair. Prices have also been restructured at £1.29 for 200ml and £2.19 for 400ml. This step recognises that previous prices were at a 30-40 per cent premium on rival brands.

● On a greener note, 200ml bottles of Timotei shampoo are now marked with the new 'partially recycled plastic' logo. It is the first major brand to take this route. **Elida Gibbs Ltd. Tel: 071 486 1200.**



## French's flurry

Following its acquisition by the Canter Group, French & Scott is embarking on several new product launches.

The Dukes of Pall Mall Collection is a prestige range for men. Based on natural essences, there are two fragrances — Belgravia and Cotswold. Each comprises: after shave (£22), eau de cologne (£29.95), after shave balm (£22) and shower gel (£8) bottle.

Another innovation comes in the form of Tempura Therapy Packs. There are four packs: a soothing eye mask (£5.95), soothing body pack (£6.45), beauty facial mask (£8.95) and beauty eye mask (£5.95).

Under the French of

London umbrella, it is relaunching its herb shampoo (£2.65); Bonne Sante anti-dandruff shampoo (£2.85); egg shampoo (£2.65); olive oil shampoo (liquid, £2.50; cream £2.65) and lemon cream shampoo (£2.50). **French & Scott Ltd. Tel: 0293 522647.**

## Eye eye

Almay is taking a fresh look at eyes by extending its Almay One Coat mascara with a waterproof variant. Both sport new white and silver packaging and retail at £5.95.

Almay is also introducing a new nail enamel range called Colour Protective. Available from September, the enamel retails at £3.95. **Revlon International. Tel: 071 629 7400.**

## The new man in the moon

Sun Moon Stars is Karl Lagerfeld's latest fragrance from Elizabeth Arden.

Lagerfeld believes the scent "captures the brilliance of the stars, the warmth of the sun and the silvery cool mystery of moonlight".

Freesia, rose and waterlily form the top note; jasmine, orange blossom, narcisse and heliotrope the middle; and sandalwood, amber and musk the base.

The range consists of parfum (7.5ml, £45; 30ml, £115) and eau de toilette spray (30ml, £19; 50ml, £29; 100ml, £38), both available from October. Perfumed body lotion (200ml, £18.50) and

## Charlie whitewash

Talk about red, white and blue! After Charlie and the more recent Charlie Red, Revlon now presents Charlie White, a fragrance which "embodies the woman of the '90s".

It is an ozonic floral with notes of orange blossom, peach, sandalwood and vetiver. The eau de toilette is presented in a semi-opaque, pearlised version of the classic

Charlie bottle and packaged in a white carton with the Charlie White logo in silver and white. Model Tanya Mayeux will promote the new addition.

Available from September, the range comprises: edt natural spray 15ml, 30ml and 50ml (£5.95, £8.95 and £11.95 respectively) and 75ml body spray (£1.99). **Revlon International. Tel: 071 629 7400.**

## Simple shifts gear

The Simple brand is about to step up a gear, according to Smith & Nephew, with the introduction of new products — four now, and more activity to follow over the next two years.

Simple, a brand stretching back over 30 years, is now moving into more exciting pack design with frosted tubes and clear packaging.

Its latest skin care entry, Night Repair Cream, is also more technically advanced, boasting its use of "natural liposomes". The company believes Simple users are ready to accept a more sophisticated proposition, as long as it does not go against the brand's ethos (ie pure and natural).

Amanda Stearn, marketing manager toiletries, says that Simple capitalises on its core consumer's pragmatism. "They are not women looking for anti-ageing products," she says, "but women who are intent on optimising their own looks."

The four new products span both face and body care sectors. For the face there is Night Repair Cream (50ml, £5.34) and Refreshing Facial Wash Gel (150ml, £3.37). For the body there is Replenishing Body Lotion (200ml, £2.88) and Moisturising Cream Bath (500ml, £3.19). **Smith & Nephew Consumer Products Ltd. Tel: 021 327 4750.**



perfumed bath and shower gel (200ml, £15) are available from November.

There is a complimentary bag with each purchase and a gift coffret will be on sale for Christmas. Sample vials are also available.

Advertising in both the Sunday and women's press is planned, featuring the actress Daryl Hannah.

The parfum and edt come in blue, rounded bottles with 'celestial motifs'. **Elizabeth Arden Ltd. Tel: 071 224 1213.**

## Pyjama promo

A special gift from Parfums Cacharel's Anais Anais includes a 50ml spray of the fragrance along with a pair of polyester satin pyjamas presented in a ivory-coloured box.

The pyjamas have a breast pocket embroidered with the Anais Anais floral motif. The gift is available from October at £25. **Prestige & Collections Ltd. Tel: 081 979 6699.**



# PILES. STOP SITTING ON SALES



When your customers get piles, they often just grin and bear it. But that's all about to change. Because **Preparation H** is being supported by a major sales initiative including national press and in-store promotion to ensure everyone knows about its clinically proven effectiveness.

So don't sit on your hands, contact your Whitehall representative today. And discover the difference comfortably effective **Preparation H** can make to your sales.

**PREPARATION H\***  
HAEMORRHOID TREATMENT  
Contains yeast cell extract and shark liver oil  
**COMFORTABLY EFFECTIVE**

**PRODUCT INFORMATION:** Preparation H Ointment & Suppositories: containing yeast cell extract 1.0% w/w, shark liver oil 3.0% w/w. Uses: Relief of the symptoms of Haemorrhoids, i.e. pain, irritation and itching. Helps to shrink the tissues swollen by inflammation. Lubricant in easing painful bowel movements. Dosage: **Ointment:** Adults including elderly: Apply freely night and morning and after each bowel movement. Children: Not recommended. **Suppositories:** Adults: Insert one suppository, rounded end first, into the rectum, morning and night, and after each bowel movement. Children: Not recommended. **Contraindications:** History of sensitivity to any of the constituents. **Other special warnings and precautions:** Persons who suffer from haemorrhoids are advised to consult a doctor. **Legal Category:** GSL. **Product Licence Number:** Ointment: 0165/5014R. **Suppositories:** 0165/5015R. **RSP's:** **Ointment:** 25g - £2.35, 50g - £3.59. **Suppositories:** 6 - £1.31, 12 - £2.25, 24 - £3.99, 48 - £7.06. **Date of preparation:** July 1994 \* Trade Mark

Whitehall Laboratories, Huntercombe Lane South, Taplow, Maidenhead, Berkshire, SL6 0PH.





# Baby Fresh creates new sector

A newborn gentle variant of Baby Fresh is expected to create a new sector and bring new impetus to the wipes market.

The product is Scott's response to consumer needs for a pure and gentle wipe for babies with sensitive skins, particularly newborns. Research has shown that mothers tend to use cotton wool and water to clean very young babies in the belief that wipes might be astringent and abrasive.

Newborn gentle wipes are made especially soft by means of advanced spunlace technology, the company says, and they contain the minimum hypo-allergenic materials needed for effective cleansing. Available in a blue tub and lid format (84, £3.25), the wipes have a new light fragrance.

A £2 million promotional spend, including a press campaign later this year,



will be Scott's largest-ever support for the brand. Samples of the new variant will join the core product in Bounty bags and there will be literature in Bounty Progress, as well as in-store activity.

The company is hoping

the launch will expand total Baby Fresh sales by up to 10 per cent. The original, fragrance-free and Ultra Guard variants will still be "big and thick" for effective cleaning. Scott Ltd. Tel: 0342 327191.

## Farley's soya formula relaunch

Farley's is relaunching its soya-based infant formula. This follows research that showed many consumers would prefer the selection of infant formula to be made more straightforward.

The product has been reformulated in line with new DoH guidelines and the EC Directive on Infant Formulae; thus the iron content has been revised and adjusted, while the vitamin C and zinc content have been increased.

The company says it now offers an improved blend of fatty acids. Crookes Healthcare Ltd. Tel: 0602 507431.

## Food on the move

Mam has extended its feeding range to include a new bowl, suitable for babies and toddlers.

The Travel Bowl's handle is suitable for left- or right-hand grip. Available on a blister card in outer packs of 12, it retails at £2.99. MAM (UK) Ltd. Tel: 021 459 4304.

## Kitty's bags of style

KL Beauty Bags has three new styles of cosmetic bags just in time for Christmas.

The Luxury Collection, under the Jemma brand, has two new fabrics: Sapphire and Coliseum. With prices starting at

£3.99. Also new is The Gift Collection, which introduces a striped design. Prices from £2.50. New to the Sophie label is Glitz, with the look of black velvet. Prices start at £2.50. Kitty Little Group plc. Tel: 0782 577055.



Stafford-Miller has come up with some new POS material for Nytol, designed to support its latest advertising campaign. The brand has recently increased in price to £2.15. The package, available until the end of October, comprises two shelf-wobblers illustrated with the 'Nytol Eyes' featured in the ad, a show card and a shelf edger. Stafford-Miller Ltd. Tel: 0707 331001

## Macleans bicarb on air

Smithkline Beecham is backing its Macleans toothpaste, including the new bicarbonate of soda product, with a £3.5 million TV campaign. Airing now until

mid-September, there are two ad executions, one specifically targeting the new variant. Both have futuristic settings. Smithkline Beecham. Tel: 081 560 5151.

## A change in formula

Formule B has changed its name to La Formule. Distributed by Bioconcepts, it is claimed that the aromatherapy-based spot prevention range is now worth £2 million.

The change in name means the La Formule branding will be the same throughout the Americas, Asia Pacific and all of Europe. The packaging style and strapline remains the same. Bioconcepts. Tel: 0705 499133.

## Forsythe's cuticle treats

Forsythe has developed a calcium and protein-based cuticle treatment, Cuticle Therapy Gel. It is a deep conditioning treatment for both the nail bed and cuticle, which soothes and heals dry irritated cuticles.

The water-based gel contains calcium and panthenol. It retails at £6.45 (trade price £2.80) for 0.51 oz. Forsythe Cosmetics. Tel: 071 625 8012.

## Extra staying power

Revlon's new lipstick, Colourstay Lipcolour, promises just that, being described as "an innovation in long-wearing lipstick that won't kiss and tell".

The new lipstick's formulation uses colour intense pigments that set on the lips, making it

feather-proof, fade-proof and kiss-proof, claims the company. Available in 15 shades, it is packaged in a black case with four gold bands and golden graphics.

On counter from October, it will retail at £7.95. Revlon International. Tel: 071 629 7400.

## Spina Bifida

Next week (August 15-21) heralds the first annual Spina Bifida Week. It aims to create national awareness of the Association of Spina Bifida and Hydrocephalus, as well as the benefits of taking a folic acid.

To make sure that women know about the importance of taking folic acid before conceiving, a leaflet is to be issued through over 2,000 family planning clinics. Leaflets are also available by writing direct to: ASBAH/Folic Acid, Larkhall Natural Health Ltd, 225 Putney Bridge Road, London SW15 2PY.

## Deep discounts

There are special discounts across the Deep Heat and Deep Freeze range of products this month. In addition, the Deep Heat spray is featuring a free 20 per cent extra fill during this period.

As an extra incentive, transfer orders of any mixed four dozen or over on these ranges will be entitled to a free tin of Scottish shortbread. The Jenks Group. Tel: 0494 442446.

## Body & Soul

Body & Soul Hair Company has complemented its range of peroxides and hi-lift bleach by adding perm lotion, foam neutraliser and perming end papers. A full styling is planned for November. Body & Soul Hair Co Ltd. Tel: 0277 659031.

## Novel Numark

Numark's August offers focus on pharmacy bags, packed goods and surgical dressings. Retailers are being offered the full range of Numark bags at a 12.5 per cent discount. This includes counter bags, prescription bags and vest carrier bags.

The second promotion includes products from the Numark and Nucross packed goods ranges (including analgesics). The offer to retailers is a 7.5 per cent discount off normal trade prices for orders of 15 cases or more.

In surgical dressing, 10 per cent discount is offered for all orders of Numark Surgical Dressings, Numark Micropore and 3M Tegaderm film dressing worth £150 or more. Numark Management Ltd. Tel: 0827 69269.



# With all these people working for us it's no wonder we're No. 1.

Patches help  
one million  
stop smoking

THE INDEPENDENT

Scientists'  
boost for  
smokers

PRESTON EVENING POST

Patches help smokers  
to quit, survey shows

OXFORD STAR

Smokers  
give up  
after exile  
on Lundy

THE TIMES

NICOTINE patches could  
help more than a million  
smokers kick the habit  
every year, researchers  
claim.

A year-long study in  
Oxfordshire found heavy  
smokers were 10 times  
more likely to go a year  
without fags if they used  
patches to help them quit.

DAILY STAR

If you are trying to give up  
smoking, nothing is a patch  
on...the patch.

DAILY MAIL

Patching  
over a  
bad habit


DAILY MAIL

To coincide with 1994's National  
No Smoking Day, smokers are  
being encouraged to undergo a  
10-day course at the Nicotinell  
Smokestop Island Retreat on  
Lundy.

GREENOCK TELEGRAPH

While the Nicotinell patch works day and night,  
we do the press. Because by maintaining media  
exposure throughout the year, we make sure we're  
always headline news. Something which is seriously  
damaging the health of our competitors' sales.  
Nicotinell now has 57% market share, more than

**nicotinell** TTS 30  
Patch Programme to help you stop smoking

 7 days supply of large size nicotine patches  
for smokers of 20 or more cigarettes a day

twice that of its nearest 'rival.' And offers double  
the shelf yield of any other brand.\* As if all that  
isn't addictive enough, we spend £2.7 million on  
advertising all year round.† So make sure your shelves  
are always as full of Nicotinell as the newspaper  
columns. Just think how many you'll get through.

NICOTINELL IS A REGISTERED TRADEMARK

**Sentation:** Transdermal Therapeutic system containing nicotine, available in three sizes (30, 20 and 10cm<sup>2</sup>) releasing 21mg, 14mg and 7mg of nicotine respectively over 24 hours. **Indication:** Treatment of nicotine dependence, as an aid to smoking cessation. **Dosage:** Stop smoking completely when starting treatment. For those smoking more than 30 cigarettes a day, treatment should be started with NICOTINELL TTS 30 once daily. Those smoking less should start with NICOTINELL TTS 20 once daily. Sizes of 30, 20 and 10cm<sup>2</sup> permit gradual withdrawal of nicotine replacement, using treatment periods of 3-4 weeks with each. Doses above 30cm<sup>2</sup> have not been evaluated. The treatment is designed to be used continuously for three months, but not beyond. However, if still smoking at the end of the three month period, further treatment may be recommended following a re-evaluation of the patient's motivation. **Contraindications:** smokers, occasional smokers, children under 18 years. As with smoking, NICOTINELL is contraindicated during acute myocardial infarction, unstable or worsening angina pectoris, severe cardiac arrhythmias, recent cerebrovascular accident, pregnancy and breast feeding, skin diseases preventing patch application and hypersensitivity to nicotine. **Precautions:** Smoking cessation causes many withdrawal symptoms. Most common adverse effects directly related to nicotine patches are reactions at the application site (usually erythema or pruritus). Other events which may be related to smoking cessation include headache, sleep disturbances, gastro-intestinal disturbances, and myalgia. **Legal category:** P. **Packs:** NICOTINELL TTS 10 (PL0001/0173) in packs of seven patches, trade price £8.21, retail price £14.47. NICOTINELL TTS 20 (PL0001/0174) in packs of seven patches, trade price £8.64, retail price £15.23. NICOTINELL TTS 30 (PL0001/0175) in packs of seven patches, trade price £9.07, retail price £15.99. © denotes registered trademark. **PL Holder:** Ciba Geigy Plc, Macclesfield SK10 2NX. Further information is available from Zyma Healthcare, Holmwood RH5 4NU. **Date of preparation:** January 1994. 0194/655

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\*NIELSEN MAR-APR 1994. †REG MEAL MAY 1994





## New pharmacy logo for Vantage

Vantage is to re-brand its P lines and GSLs in order to help educate consumers about the role of the independent pharmacist as a healthcare adviser.

With immediate effect, all Vantage's own-brand GSLs and P lines, its range

of vitamins and supplements (as well as a variety of first aid and other healthcare items) — around 100 products — will be branded with a new 'Vantage Pharmacy' logo. AAH Pharmaceuticals Ltd. Tel: 0928 717070.

### Corn circles

Cuxson Gerrard is expanding the distribution of its Carnation Foam-O-Felt Corn Rings across the UK through English Grains. Available in packs of 12 and Oval packs of nine, both are priced £1.03. **English Grains Healthcare.** Tel: 0283 221616.

### Get your gum

Endekay Gum is being advertised this month through humorous ads in the national press. Endekay is the only gum licensed as a medicine for caries prevention. **Stafford-Miller Ltd.** Tel: 0707 331001.

### Durex to go

During Condom Week (August 8-14), customers phoning in late evening orders to the four London-based outlets of Ed's Easy Diner, were receiving safer sex leaflets and a packet of three Durex condoms along with their meal! The promotion is to last for the whole month. **LRC Products Ltd.** Tel: 081 527 2377.

### Matey on air

Sara Lee's Matey is to launch a new TV commercial this month. The campaign, the first for four years, breaks in the STV and Grampian regions for eight weeks and the HTV, West Country, Yorkshire and Tyne Tees areas for four weeks. The ad is a mixture of live action and animation. **Sara Lee**

**Household & Personal Care Ltd.** Tel: 0753 523971.

### New Seven Seas

Seven Seas has launched a new multivitamin variant, Multivitamins with Antioxidant Vitamins E, C and Beta Carotene (£5.75) and the entire multivitamin range has been repackaged.

To launch the new range there is a promotional package comprising a shelf-edger and counter display card (which highlights a cook book offer). **Seven Seas Health Care Ltd.** Tel: 0482 75234.

### Flea thinking

In the continuing hot weather, fleas around the house are even more of a pest. Vapona has recently launched Vapona Carpet & Household Flea Powder. Retailing at £2.69, it kills fleas, bed bugs and other crawling insects. For trade customers and consumers requiring further information, there is the Vapona Information Help Line (071 404 2858). **Sara Lee Household & Personal Care Ltd.** Tel: 0753 523971.

### Foaming lollies

Chupa Chups is launching Foamy Lollipops and Super Sour Lollipops which retail at just £0.10. The foaming lollies come in a colourful washing powder display box. There are three flavours: orange, cola and watermelon. Super Sours are described as "mouth blasting" and come in two flavours, strawberry and

apple. **Food Brokers Ltd.** Tel: 0705 219900.

### Muscling up

Oruvail Gel has issued a new consumer booklet entitled 'Managing Muscle Injury'. The booklet focuses on explaining muscle pain, offers advice and guidance on treatment, and is available to pharmacists to give to consumers free of charge. **Rhone-Poulenc Rorer Ltd, Family Health Division.** Tel: 0323 721422.

### Cartoon time

A new range of Looney Tunes toiletries is now available from Cecile Distribution. The bubble bath and cologne lines feature Tweedie Pie, Sylvester, Bugs Bunny and Daffy Duck, with retail prices from £3.95-£9.95. **Cecile Distribution.** Tel: 081 594 9923.

### Oil-free aid

Blackmores is introducing an oil-free moisturising lotion for problem skins. Available from September, it will retail at £3.49. **Blackmores Laboratories Ltd.** Tel: 0753 683815.

### Dylon on TV

Dylon's Fabric Care Stain Removers are to be supported by a £160,000 advertising campaign in leading women's magazines. The half-page, full-colour advertisements will run over a five-week period in September and October. **Dylon International.** Tel: 081 663 4801.

## Hill's are alive with the sound of music

Windsor Healthcare's Hill's Balsam is running a competition for pharmacy staff to win a Sony sound system.

The competition kick starts the launch of a new pastille containing menthol and eucalyptus, formulated to relieve blocked noses and soothe

painful sinus catarrh. Available in 45g packs, Hill's Balsam Menthol and Eucalyptus pastilles retail at £1.49.

Entry forms for the competition are available from Windsor Healthcare territory managers or by calling the company's sales department. **Windsor**



**Healthcare Ltd.** Tel: 0344 484448.

## Dr's notes

Four new Family Doctor booklets are due to be published in October: 'Understanding asthma', 'Understanding diabetes', 'Understanding HRT and the menopause' and 'Understanding forgetfulness and dementia' — the price is now £2.49.

The booklets are available through the National Pharmaceutical Association. Non-members can obtain copies from **Family Doctor Publications.** Tel: 081 780 5020.

## Shelf supplements

Unichem is running a special August promotion on branded and own-label vitamins. Deals include multihuy offers on Healthcrafts multivitamins with a £1 saving for consumers and a 17.5 per

cent trade discount on all vitamins and supplements.

Top brands advertised are: Seven Seas' Pulse fish oil products and antioxidant capsules; Yeast Vite and Efamol. **Unichem plc.** Tel: 081 391 2323.

## On TV Next Week

GTV Grampian  
B Border  
BSkyB British Sky  
Broadcasting  
C Central  
CTV Channel Islands  
LWT London Weekend

C4 Channel 4  
U Ulster  
G Granada  
A Anglia  
CAR Carlton  
GMTV Breakfast  
Television

STV Scotland (central)  
Y Yorkshire  
HTV Wales & West  
M Meridian  
TT Tyne Tees  
W Westcountry

Andrews Antacid:	All areas except U, B, G, HTV, CTV, CAR
Arm & Hammer Toothpaste:	C4, GMTV
Bisodol Heartburn:	All areas except CTV, CAR, GMTV
Bodyform Invisible:	All areas
Colgate Bicarbonate of Soda Formula:	All areas
Colgate Precision:	All areas
Dentu-Creme (new improved formula):	All areas
Gillette Sensor Excel:	All areas
Gillette Sensor for Women:	All areas
Gillette Series (aftershave conditioner):	All areas
Gliss Corimist:	C4, GMTV
Impulse:	C, A, HTV, W, M, LWT, CAR, C4, BSkyB, GMTV
Just for Men Hair/Moustache & Beard Gel:	All areas
Medinex:	HTV
Neutrogena T-Gel:	All areas
New Poli-Grip Ultra:	All areas
Nytol:	All areas
Oral-B Advantage:	All areas except U, HTV, CTV, W, TT
Organics:	C, A, HTV, W, M, LWT, CAR, C4, GMTV, BSkyB
Palmolive 2 in 1:	All areas
Pepcid AC:	All areas
Radian-B:	U, B, G, Y, C, A
Rap-eze:	All areas except CAR
Remegel:	All areas
Savlon:	All areas
Seabond Denture Fixative:	All areas
Sensodyne toothpaste:	All areas except CTV, LWT, GMTV
Slim-Fast:	All areas
Solpadeine:	All areas except B, Y, CTV, CAR
Sure:	C, A, HTV, M, LWT, CAR, C4, BSkyB
Wrigley's Extra & Orbit	All areas





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NEW FINESSE

PROFIT FROM OUR SUCCESS



For the last ten years, I have been advocating that repeat dispensing would be better handled by pharmacists than surgery staff.

Back in the early 1980s, I came very close to establishing a computer link with what was then my local surgery. The project never came to fruition, but the proposal was to download prescriptions from the surgery to the pharmacy and to upload the information when the prescriptions were dispensed for printing out at the surgery.

For various reasons, I did not start to pursue the idea again until about four years ago when, in my new pharmacy, I became plagued with long term prescriptions. At one time, more than 30 per cent of my prescriptions were for three months — not very good for profitability then and potentially disastrous now!

Approaching the surgery, I was met with the response that the GPs preferred to prescribe for long periods to reduce the workload on their staff, and that patients should not have to come back each month if they did not need to see a doctor. This argument is very difficult to refute and so I had to try another approach.

I spoke to the senior partner and asked him if he would consider a repeat dispensing scheme which would take both our interests into account. He agreed, but indicated that the practice as a whole was not prepared to entertain a direct computer link.

At about the same time, Dorset Local Pharmaceutical Committee commenced its negotiations with Dorset Health Commission on the future of community pharmacy in Dorset. The Commission was looking to develop pilot projects to demonstrate the value of pharmacy in primary healthcare and to stabilise the drugs bill.

I put forward the concept of repeat dispensing and this was accepted. It gained further impetus from the report of the Joint Working Party on the Future of Community Pharmacy. It was left to myself and the LPC to come up with a pilot scheme.

The Working Party had recommended repeat dispensing pilots, so I sought assistance from the Royal Pharmaceutical Society and the Pharmaceutical Services Negotiating Committee. However, the Health Minister decided to ignore the Working Party recommendations and, although I received advice from both bodies, they were unable to help further.

Fortunately, the Commission was determined to press ahead with a local pilot, but as it would not receive DoH approval, it had to be run within the present regulations. This meant we could not print variations of the FP10 form as originally hoped, which would have made things simpler.

The idea we put to the Commission was one we felt was effective, but we all had reservations about the

# Repeat after me

**Roger King, secretary of Dorset LPC, explains the background and progress of the repeat prescription pilot scheme he is currently testing**

pharmacy ethics in view of guidelines from the RPSGB.

I would like to acknowledge the support of Roger Odd, head of practice, and Susan Sharpe, head of law, at Lambeth. They have both seen the possible benefits of the scheme and have supported the pilot.

The scheme is based on the concept that the FP10 form serves two completely different functions: firstly as a prescription and secondly as an invoice to the PPA. We realised that it would be possible to separate these two functions and still keep within the Medicines Act and the NHS Regulations by printing two different forms.

We considered an Australian scheme whereby the doctor prescribes 'x' months' supply, the pharmacist dispenses one month's supply and issues a new prescription for 'x' minus one month, which the patient can take to any pharmacy. However, for a pilot, we considered that this was likely to cause considerable confusion to patients as the new form would need returning to the doctor for signature before becoming valid in law.

We therefore settled for a modification of this scheme which we felt would stand up as a pilot project, but would probably not be ideal for general use. However, if the pilot could be evaluated to

show positive benefits, the scheme could be looked at for further adaptation.

What will happen is that my local surgery will produce a prescription for all the items which the patient may be taking and the form will be over stamped to indicate the number of monthly instalments permitted to coincide with the review period. This will render the prescription invalid as an invoice since the NHS Regulations do not allow for repeat prescriptions other than for addicts.

However, the form is still perfectly valid as a prescription under the Medicines Act and we will be legally entitled to dispense it as written. In order to get paid, I then have to generate an FP10 each time the patient requests an instalment and return this to the surgery for signature. The surgery would prefer not to have to sign the prescriptions but has accepted that the benefits outweigh the disadvantages.

Thanks are due to Channel Business Systems for its support and advice on the computer software for this project. Martin Booth and I sat down together for a brainstorming session and he has modified my system to allow for instalment dispensing as and when required.

On receipt of an instalment prescription, it will be entered onto a new file parallel to the

Patient medication record (PMR) for the patient concerned. The entry is in exactly the same format as the normal labelling procedure, but does not produce labels. The PMR is on split-screen display.

Entries to the file can be made as repeats from the PMR or as new items. The number of instalments can be entered for each item. This file remains passive until the patient requests an instalment when it is accessed and the appropriate drugs dispensed.

The screen offers a choice to dispense each item and, if chosen, a label is produced in the usual way. At the same time, an FP10 is printed on a separate printer dedicated to this task so that the patient can sign it there and then.

Naturally this scheme can only be applied to patients who are exempt from paying prescription tax, but this group represents in excess of 80 per cent of prescription items. The prescriptions are returned to the surgery on a regular basis for signature and a control list can be printed to make sure that they all come back!

In order to keep things simple, we decided that the repeat file would close as soon as the last instalment of any one item had been dispensed. This will help to monitor compliance by listing items not dispensed and will be of benefit to both the GPs and the FHSa in evaluating the system.

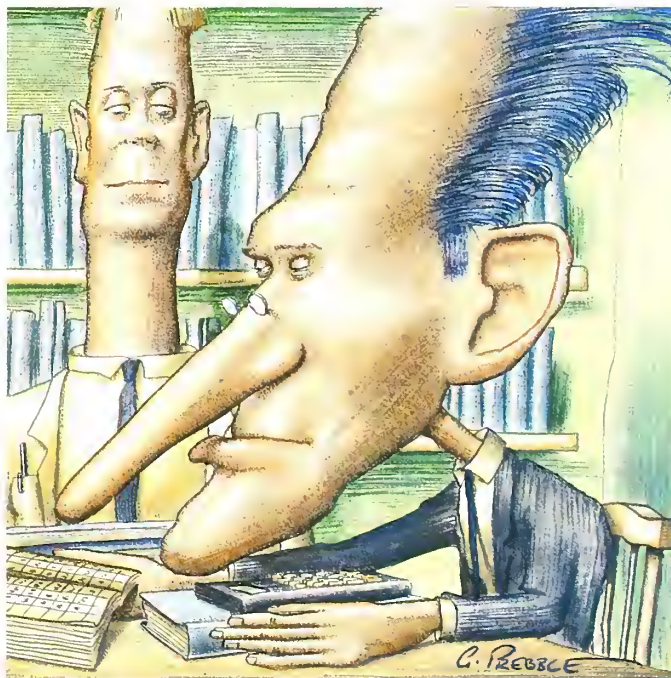
When the file is closed, the computer prints a message on the next form, the left-hand side telling the doctor that the patient is due for review and the right-hand side telling the patient to make an appointment for further medication.

The right-hand side of the original surgery-generated prescription will remain with the patient as usual, but the right-hand side of the pharmacy-generated forms will go to the surgery to allow them to monitor uptake.

It is envisaged that the pilot will be in place for at least 12 months to allow for evaluation of what may well be six, monthly prescriptions.

All parties are happy with the outline of the system and the Dorset Health Commission is to produce a patient leaflet explaining its aims and objectives.

It is anticipated that the system will commence within the month, once the evaluation protocols have been agreed.





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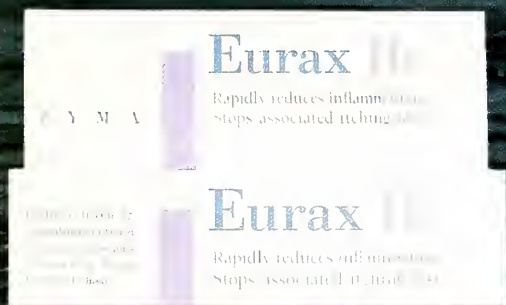
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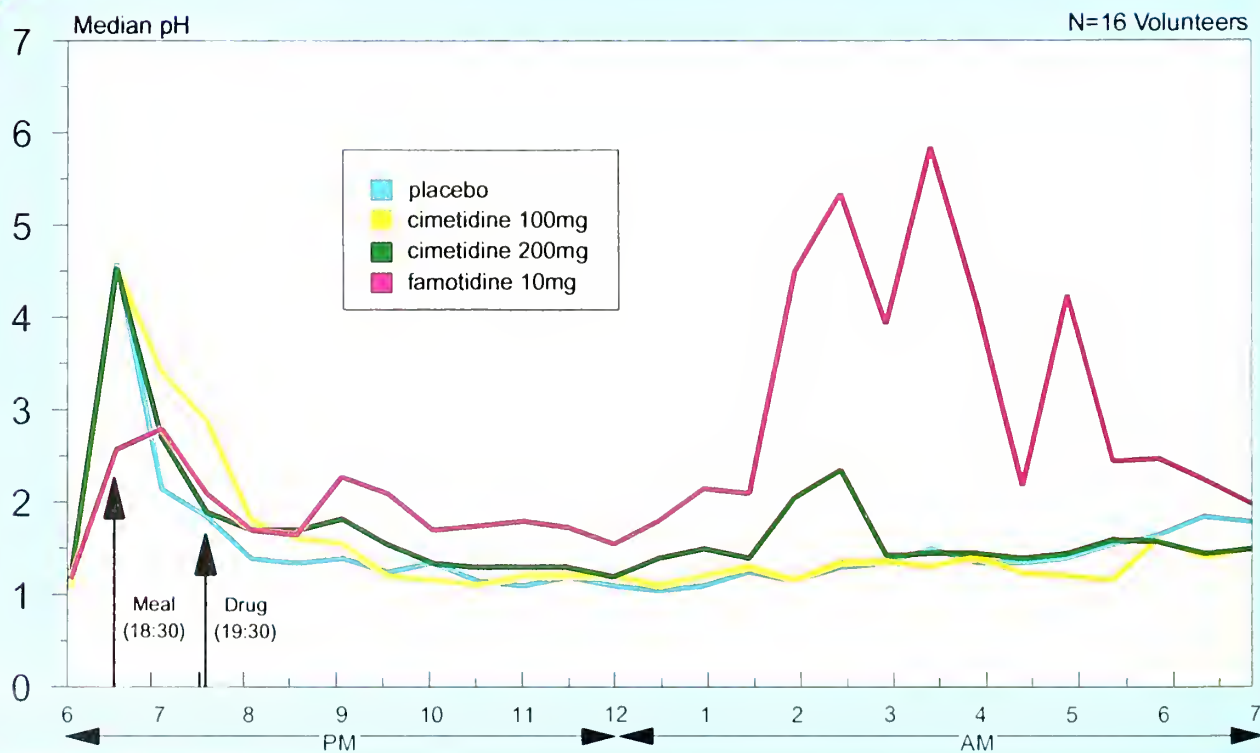


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**PEPCID AC (Abridged Product Information) Product Information:**  
• **PEPCID AC:** Film coated tablets containing famotidine 10mg.  
• **Pack Size:** 2, 6, 12. **Dosage:** Adults and children over 16 years: 1 tablet for symptomatic relief or 1 tablet taken one hour before food or drink known to provoke symptoms. Maximum intake 2 tablets in 24 hours. Maximum period of use 2 weeks. **Uses:** For the short term symptomatic relief of heartburn, dyspepsia and hyperacidity.

**Contraindications:** Hypersensitivity to any component. **Warnings and Precautions for Use:** Should not be taken unless advised by a physician by the following patient groups: moderate renal failure or severe hepatic impairment; under medical supervision for any other illness or need for any other medications; middle aged or over with new or recently changed dyspeptic symptoms, or associated unintended weight loss. Patients with persistent symptoms or

difficulty swallowing should seek medical advice. **Drug Interactions:** No drug interactions of clinical significance have been identified. **Side Effects:** Generally well tolerated. Headache and dizziness have been reported at a frequency  $\geq 1\%$ . Other side effects, including dry mouth, nausea, constipation, diarrhoea, fatigue and allergic reactions occur even less frequently. **Pregnancy:** Not recommended for use in pregnancy. **Overdosage:** No experience to date with overdosage.



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- 1 **PEPCID AC (famotidine 10mg) provides superior, longer-lasting control of gastric acidity than either cimetidine 100mg or 200mg.**✱
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Centra Healthcare ✱ Area under the pH curve from 5 to 8 hours :  
famotidine 10mg vs cimetidine 200mg p=0.036, famotidine 10mg vs  
cimetidine 100mg p<0.0001. ✱ Median pH at 2 hours: famotidine  
10mg vs placebo < 0.001; cimetidine 200mg vs placebo not  
significant. ✱ Area under pH versus time curve from 5 to 8 hours post  
dose, famotidine 10mg vs placebo p<0.0001 and analysis of pH at 9  
hours post dose famotidine 10mg vs placebo p=0.0496, median

pH at 9 hours famotidine 10mg vs cimetidine 200mg p=0.0089.  
✱ Area under pH time curve from 5 to 8 hours post dose, cimetidine  
100mg vs placebo p=0.4640, and median pH from dosing to end  
of study, cimetidine 100mg vs placebo p>0.2. Cimetidine 100mg  
given as syrup. ®Indicates registered trademark of Merck & Co., Inc.,  
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STILL TIME TO ENTER!

# Free film and chance to win £2,000 holiday with Kodak

Chemist & Druggist and Kodak are co-sponsoring a photographic competition — Making Golden Memories — on Kodak Gold film. The first prize is a £2,000 holiday of your choice with ten Kodak Star compact zoom camera outfits for the runners up. Read on to get tips on how to win by taking better photographs of your holiday, family, nature, action ... in fact anything that can be captured on Kodak film by September 12. Last-minute entries can be handed in on C&D's Chemex stand, H17

Kodak is supplying upto 3,000 free Kodak Gold films — the rest is down to you

## How to enter

We suggest you first read Kodak's 'How to take better

## Kodak's hot photo tips

It is important to choose the right speed of film for your subject matter, and lighting conditions, as this will ensure that you get the best possible results and prints which are clear, bright and colourful, rather than washed out or too dark.

All films are sensitive to light and the number or speed of a film, eg 100, 200, 400 indicates how sensitive the film is to light.

The 400 film is the most versatile — it soaks up the most light, making it superb for flash photos, indoor and outdoor photography as well as action shots when you want to freeze movement.

• Our July 26 OTC contained a full list of Kodak's 'Hot photo tips', so consult that issue, or ask C&D (Jan Powis 0732 3664422) or Kodak (0442 84430) for an entry form.

photos' tips (see July 16, *Over the Counter* supplement), then decide on your plan of action. The 24-exposure 400 ASA film supplied by Kodak will handle freeze-frame action shots as well as moody, low-light pictures.

You have just four weeks left to take a range of pictures on your free film. Simply get your film from Kodak, then take your pictures, and post the best three to C&D (see rules) to reach us by September 12.

The results will be announced in *Over the Counter* on October 8.

## The judges

Kodak's sales director Neil Murphy and trade marketing manager Dawn Sutcliffe, both from the pharmacy and drug store sector of consumer imaging products, will join *Chemist & Druggist's* art editor, Tony Lamb, on the judging panel — *Over the Counter's* supplement co-ordinator, Maria Murray, will act as non-voting chairman.

The winning shots will be featured on October 8 as examples for all assistants. Some of the not-so-good shots will be featured later — anonymously, of course — with tips on how they could have been improved.

## The rules

1. Entry is open to all pharmacy assistants working in any UK pharmacy.
2. The first 3,000 entrants will receive a free Kodak Gold 400 135-24-exposure film.
3. The co-sponsors, Kodak and C&D, reserve the right to refuse any entry to the competition.
4. Photographs and negatives will only be returned if a stamped addressed envelope is enclosed with entry.
5. Developed prints must be received by *Over the Counter*, *Chemist & Druggist*, Benn Publications, Sovereign Way, Tonbridge, Kent TN9 1RW no later than September 12, 1994. Alternatively, prints can be dropped off at C&D's Chemex stand at Wembley on either September 11 or 12.
6. Staff employed by Kodak Ltd or Benn Publications are not eligible to enter.
7. The judges decision is final and will be announced in *Over the Counter* on November 26.
8. The first prize will be £2,000 of

travel vouchers to be taken wherever and whenever the winner decides, subject to the terms and conditions on the vouchers. The ten runners-up will each receive prizes of Kodak Star 35mm zoom compact camera outfits (£230 at retail)



## Get your free Kodak film here

Please send in for free Kodak Gold 400 ASA 24-exposure film to *Over the Counter*, *Chemist & Druggist*, Benn Publications, Sovereign Way, Tonbridge, Kent TN9 1RW.

Name .....

Pharmacy Address .....

Tel No.....

<

## Entry form for £2,000 Kodak holiday

Send this duplicate name and address sheet when you have shot your film, with your three best prints and the entire film negative strip to 'Making Golden Memories', *Over the Counter*, *Chemist & Druggist*, Benn Publications, Sovereign Way, Tonbridge, Kent TN9 1RW.

Name.....

Pharmacy address.....

Tel No.....

Signature of pharmacist to verify that negatives and photos are your own work

Name .....Reg no.....





# Putting a value on it

In the third of our 'Managing to survive' series, Dr Terry Maguire looks at valuing a business and where to go for funding

So, you have examined Mr Whitecoat's accounts (C&D June 25, p1108) and decide his business looks promising. But how much is it worth?

The cost of a pharmacy is usually composed of three elements (1) stock, (2) lease/cost of the building, (3) goodwill, fixtures and fittings.

The stock is calculated by a professional stocktaker, agreed by you and Mr Whitecoat. Stock is offered at its value — stock at value (SAV) — but as a prospective purchaser you should consider offering SAV less 5-10 per cent. Mr Whitecoat will have already received this discount on medicines.

The lease or cost of the building is estimated by an estate agent. Also get an independent valuation, which will cost about £200.

## Goodwill

What should you pay for goodwill, fixtures and fittings or what are you *willing* to pay? The normal way of calculating goodwill was explained in the last article and is based on three to five times the net profit. But this is not so clear-cut with pharmacies.

An assessment of the goodwill, fixtures and fittings cost for pharmacies offered for sale in the last six months gives some useful information (see graph). A number of variables affect the asking price:

**Turnover** (on the x-axis) Logically the higher the turnover, the higher the price that will be paid for goodwill. However, this appears to be an insensitive estimate.

**Percentage of the business as NHS dispensing** (coloured zones) Despite the decreasing profit from NHS dispensing (currently about 17 per cent gross) there still appears to be a premium being paid for a strong NHS dispensing business. This probably reflects the lack of competition for dispensing and the maintenance of the limitation of contract. Also, a

pharmacist must be employed and this is more cost-effective at higher prescription numbers.

**Percentage gross profit** (lines within the coloured zones) The percentage gross profit for pharmacies ranges from 20 per cent to over 30 per cent. This 10 per cent spread indicates significant differences in the amount of competition. The higher profits (as a per cent), the higher price for goodwill.

**Local factors** Clearly local factors can upset the model, therefore it can only be an approximation. The location of the pharmacy, the movement of a GP practice towards or away from the pharmacy or plans to build a large shopping complex close by will all affect the price paid for goodwill.

Unless you have a rich uncle you will need to convince someone to loan you the money. But over the past decade the fluctuation of interest rates and goodwill values have made financing independent community pharmacies more difficult.

## Banking on it

Banks are the most obvious sources of finance and their attitudes towards funding pharmacy ventures has improved in recent years. If your bank manager knows your

pedigree this will be a major benefit. He or she will need a detailed description of the business and how you intend to repay the loan. Preparing a business plan will be outlined in the next article to appear in this series.

The interest rate will be set 1½-3 per cent above base rate. In a large loan of say £200,000 a difference of half a percent in the interest is considerable so you must negotiate. Additionally banks will charge a settlement fee, usually 1 per cent of the loan value, but your bank manager has a certain latitude here and again you should negotiate firmly.

## Repayment

The favoured method of repayment is by capital plus interest calculated over a defined period. Of course the interest rate is likely to alter with time. In most cases this will not affect the repayment amount. If the interest rate falls, the loan will be repaid quicker or over a longer period if the rate increases. At current interest rates repayment of a loan of £200,000 for seven years will be around £40,000 a year.

Most banks will require the loan to be secured in case you default. You will need an insurance policy in case you die

and you will need to put up a percentage of the cash — 10-40 per cent of the loan.

## Pharmacy loans

Banks traditionally viewed pharmacies as they do any other retail outlet, ignoring the value of the NHS contract and the general resilience of prescription turnover in recessionary periods. This situation led to the emergence of loan schemes designed so pharmacists could borrow money at favourable rates. They were created by wholesalers, but the wholesaler does not supply the funds, merely facilitates their availability acting as security for the money.

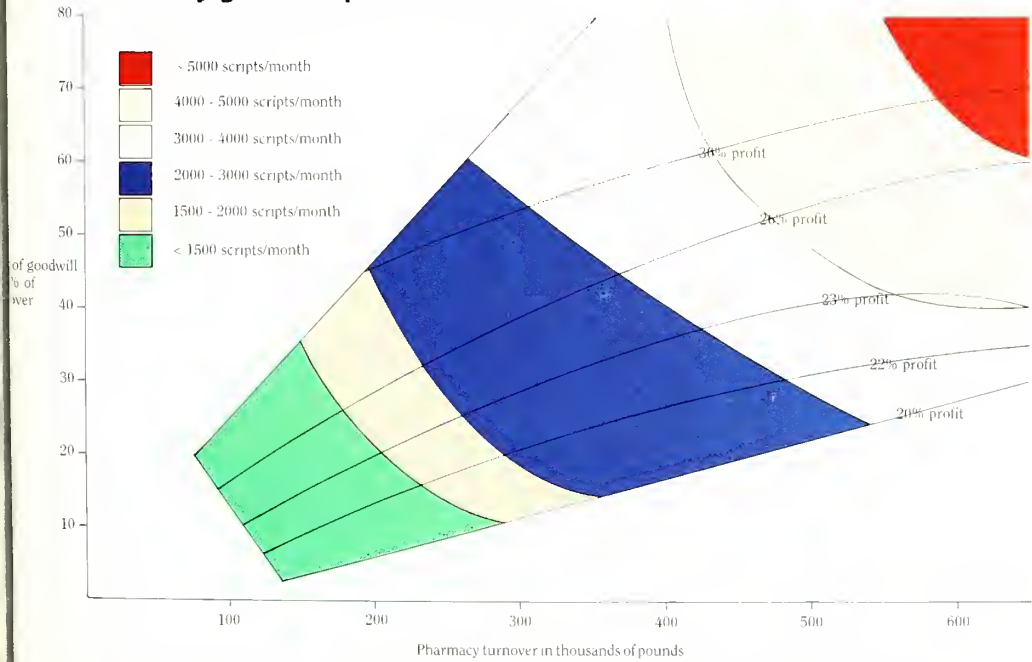
The arrangement fee is higher than the bank arrangement fee, usually 2 per cent of the loan, and cannot be negotiated. The main drawback of loan schemes operated by wholesalers is the stipulation that 70 per cent of all goods should be bought from them. Numark does not have such a stipulation. Again you will be required to fund about 20 per cent of the project from your own pocket.

## Building societies

Building societies are becoming interested in funding businesses, but they may insist you take out an endowment policy. Discuss this with your accountant.

Dr Maguire is course co-ordinator for the Diploma in Community Pharmacy, Queen's University of Belfast.

Pharmacy goodwill price calculator



## Using the pharmacy goodwill price calculator

Identify the turnover on the x-axis, move into the coloured zone representing the prescription range and then move to the line which represents the gross percentage profit. Read the y-axis which will give the cost of goodwill/fixtures and fittings as a percentage of turnover.

Mr Whitecoat's pharmacy had a turnover of £243,000, prescription numbers were over 2,000 a month and the percentage profit was 30 per cent. From the graph, his pharmacy could fetch 50 per cent of turnover, £122,000, for goodwill, fixtures and fittings.

The graph was drawn up using goodwill prices from businesses offered for sale in the last six months



# Society holds fire on non-contract script handling question

The Royal Pharmaceutical Society's Council has decided that handling NHS prescriptions through non-contract pharmacies should not be considered unprofessional conduct.

But Council is worried about what will happen if the practice continues and will express concern in a letter to the chairman of the FHSA standing committee of the National Association of Health Authorities and Trusts, and to the NHS Executive.

The Law and Ethics Committee had a long debate on the matter at this month's Council meeting. Arguments were put, on the one hand, that if patients wished to use non-contract pharmacies they should be free to do so and, on the other hand, that use of these pharmacies for NHS prescriptions undermined the purpose of contract limitation, which was a move towards rational distribution.

No case could be found for patients receiving an inferior service. But it was noted that FHSA's were responsible for determining whether a pharmacy was necessary or desirable and the handling of NHS prescriptions through non-contract pharmacies undermined the FHSA's authority in this respect.

The Committee feared the activity might ultimately deprive some communities of a full pharmaceutical service.

The Committee concluded that the practice was not itself unprofessional and that an attempt to control competition by ethical rules would not withstand legal challenge.

In the full Council meeting, Marshall Davies opposed the Committee's recommendation that letters should be sent to NAHAT and the NHS Executive. He said the activity was both legal and ethical and that the Department of Health continued with the existing Regulations in spite of Council's recent approach.

Nicholas Wood was surprised at Mr Davies' comments which, he felt, implied that once the Government had made a decision the Society would not continue to press its views.

John Balmford thought that the practice, although legal and ethical, was undesirable; Ann Lewis added that just because it was legal and ethical did not mean it was Council policy.

But Gordon Appelbe opposed the recommendation on the grounds that the Society did not

represent contractors and this was a contractual matter for FHSA's.

Marion Rawlings added that it would be a sad day if Council lost interest in the provision of pharmaceutical services.

**Continuing education mandatory?** Council agreed that the Society should review its policy on pharmacists' continuing education, looking in

## **The Law and Ethics Committee feared [non-contract script handling] might ultimately deprive some communities of a full pharmaceutical service**

particular at whether continuing education should be mandatory and how a mandatory scheme might be implemented, monitored and sanctioned.

The Pharmaceutical Services Negotiating Committee has already recommended that all community pharmacists should take part in suitably funded postgraduate education, with refresher courses for those returning to practice.

In addition, some FHSA's have introduced a continuing education requirement into their own accreditation schemes for community pharmacies, although there is no power to impose sanctions for non-compliance.

Council also agreed in principle to monitor the extent to which pharmacists comply with the obligation to undertake 30 hours of continuing education a year.

**Medicine sale protocols** The Society's director of legal services is to approach the superintendent pharmacists of the major multiples regarding written protocols for medicine sales from pharmacies. The National Pharmaceutical Association is producing a model protocol and, in November, a letter will be sent out to both pharmacy owners and superintendents.

Mr Balmford felt the letter should go to all pharmacists in charge, not just the owners, and that branches should include the topic in their programmes.

Alison Blenkinsopp suggested it would be helpful to have a

resource pack on protocols and advertise its availability through the inspectors on their visits. David Coleman thought the NPA's material would be made available to non-members, at an appropriate price.

The Postgraduate Education Committee's one-year plan is to include the development of a way to monitor the obligatory continuing education of pharmacy assistants involved in the sale of medicines.

**Mail order pharmacy** Council agreed to set up a small working party to look into mail order pharmacy. The Practice Committee considered a document about mail order supplies of prescription medicines in the US and moves towards mail order pharmacy in Europe. The Committee agreed that the Society should consider the topic as a matter of urgency.

Council thought the working group should examine the information on the US and Europe and determine what research would be needed to establish the disadvantages and benefits of mail order pharmacy.

**Self audit scheme this autumn** Council supported in principle a set of model standards for self-audit in community pharmacy, which the Department of Health intends to launch this autumn for community pharmacists.

The standards are in separate modules covering: response to symptoms; the dispensing process; written and verbal information with dispensed medicines; purchasing and stock analysis;

## **Council agreed that the Society should review its policy on pharmacists' continuing education, looking in particular at whether [it] should be mandatory**

guidance for relief pharmacists; premises and equipment; general health promotion; health promotion — diagnostic testing/contraceptive advice; health promotion — misuse of drugs; domiciliary services; and residential and nursing homes.

The standards were the result of a research project, commissioned by the Department, at

the University of Keele department of pharmacy policy and practice.

**Pharmacy Health Care Week** The Community Pharmacy Co-ordinating Group has agreed in principle that a Pharmacy Health Care Week should take place in May or June, 1995.

The representatives of the various organisations involved in the Group (the Society, NPA, PSNC, Co-operative Pharmacy Technical Panel, Scottish Pharmaceutical General Council and Company Chemists Association) will seek funding from their individual governing bodies and obtain a decision by mid-October.

The public relations officers of the Society, NPA and PSNC are to meet as soon as possible to prepare detailed proposals, including dates, and agree action on sponsorship.

**Promoting pharmacy** Council agreed to set up a multidisciplinary working party to consider how best to promote the availability of non-prescription medicines from pharmacies to the Government, opinion formers, the pharmaceutical industry, consumer organisations and other health professions.

The Practice Committee recommended that the working party should include the Committee's chairman, two Council members involved with community pharmacy, an industrial pharmacist, a GP, a consumer group representative and a representative of OTC medicines manufacturers.

**NHS drugs budget** A letter is to be sent to the Department of Health generally welcoming the recommendations of the House of Commons Health Committee report on the NHS drugs budget and commenting on several matters the Society would like to see developed in the near future.

Among other things, the letter would:

- Seek central funding for the appointment of a pharmaceutical adviser for every FHSA
- Emphasise the community pharmacist's role in educating patients and the public
- Support the proposed option for prescribers to specify on prescriptions they were prepared to accept substitution, if generic substitution was introduced
- Support the proposed provisos

Continued on p248



# From Practice to People



**What is special about the professional service offered by your pharmacy? What makes it right for the community you serve? How do you reconcile commercial common sense and the healthcare needs of your customers? The Glaxo Pharmaceuticals / Chemist & Druggist Community Pharmacy Award challenges you to examine your practice and to tell us about it, with the opportunity to win a place on one of three major study tours**

tour will be awarded to the three winning entries. The first prize winner will have first choice of attendance at one of the following:

- The American Pharmaceutical Association meeting in March 1995 in Orlando, Florida
- The 55th World Congress of Pharmacy and Pharmaceutical Sciences in August 1995 in Stockholm
- A personal development course with the Management Centre in Brussels

The second prize winner will choose between the two left

If you practise as a community pharmacist anywhere in the UK you can enter the Glaxo/C&D Award by expressing, in not more than 1,000 words, why you believe the service offered by the pharmacy where you work meets the needs of your customers in a special way.

The ways you meet the challenges of the NHS in your area will vary, but certain key factors will be considered by the judging panel. The list below is not exhaustive, but may serve as a guide. You will, however, need to demonstrate quality in your submission.

- Scope of GP liaison
- Means of continuing education
- How you keep up with new product launches and any associated counselling needs
- Quality and quantity of assistant training offered
- Range of written information
- Health promotion programmes
- Patient-friendliness of pharmacy design
- Hours of opening
- Services on offer during and after normal opening hours
- Quality of patient records and healthcare advice
- 'New role' services
- Prescription collection services
- Delivery services
- Supporting literature such as practice leaflets and photographs of the pharmacy may accompany the entry form.

## The judges

Four eminent health specialists have agreed to join Glaxo Pharmaceuticals' commercial affairs director, Ron Nightingale, and C&D's Editor, John Skelton, on the panel. They are:

- Ailsa Benson, head of training at the National Pharmaceutical Association
- Gill Hawksworth, member of the Council of the Royal Pharmaceutical Society
- Sue Sharpe, director of legal services at the RPSGB
- Dr Mike Smith, medical practitioner, writer and broadcaster

## Entry timetable

The closing date for entries is August 31. The winners will be announced on November 12. They will be notified personally before the end of October.



## The rules

1. Entry is open to any pharmacist on the Register of the Royal Pharmaceutical Society, or the Pharmaceutical Society of Northern Ireland, practising in the UK.
2. The entry form below must accompany an essay of up to 1,000 words setting out why the pharmacist considers his or her pharmacy practice is special.
3. The entry material may be used editorially in C&D which

cannot give an absolute guarantee that it will be returned in its entirety.

4. Winning entrants should agree to be interviewed by C&D on the outcome of their study tour with a view to publication, accompanied by pictures taken en route.

## The prizes

The opportunity to attend either a major conference or management course as a study

and the third will be allocated the remaining prize.

**Glaxo**  
**Pharmaceuticals UK Limited**  
**CHEMIST & DRUGGIST**

**Please complete entry form and, together with your 1,000-word essay, send to:**  
**'From Practice to People', Chemist & Druggist, Benn Publications, Sovereign Way,**  
**Tonbridge, Kent TN9 1RW**

Name.....

Address.....

Pharmacy.....



Continued from p246

on both quality assurance and information

- Back the streamlining of the medicines reclassification process
- Repeat the Society's opposition to prescription charges and support the need to review exemptions

- Express the Society's preference for voluntary local formularies rather than a national prescribing list.

POM to P proposals Council is to support the Medicines Control Agency's latest POM to P proposals. These are: felbinac, piroxicam and diclofenac for external use, flunisolide for use as a non-pressurised nasal spray, topical minoxidil, ranitidine for heartburn, dyspepsia and hyperacidity, Adcortyl in Orabase, topical hydrocortisone in eczema, Anusol with hydrocortisone, and Mucaïne.

ADR reporting Council is to take further steps to promote the reporting of adverse drug re-

actions by community and hospital pharmacists.

A meeting with senior staff of the Medicines Control Agency was told that although the MCA supports ADR reporting by both hospital and community pharmacists in principle, a scheme for the latter would face funding difficulties and a lack of convincing evidence of its overall worth.

As a result, it had been suggested that the Society should contact the Trade and Industry Department about the possibility of obtaining EC 'fourth framework' funding. The Society and MCA could then make a joint application for funding over a period of 18 months to two years. If that should fail, the Society would investigate alternative sources.

If funding seemed likely, a working group from the Society and MCA would work out a detailed scheme and protocol.

Employee pharmacists' body? Council endorsed recommendations made

by a working party on the needs of employee pharmacists and agreed to consider if the Society should "assist discussion" on whether there should be an independent body to represent employee pharmacists' interests. Further work would be needed to see how the recommendations could be implemented.

Matters covered included conditions of practice, continuing education course attendance, professional indemnity insurance, access to grievance procedures, and a need for Council's deliberations to take account of the interests of employee pharmacists.

After hours services Representatives of the Society and British Medical Association will meet on September 14 to discuss pharmacists' involvement in providing services at emergency centres which doctors are considering as out-of-hours services. Medicine labels and leaflets Council is to express concern about the leafleting requirements in The



Medicines for Human Use (Marketing Authorisations, Pharmacovigilance and Related Matters) Regulations 1994. A letter will go to the Department of Health about the implications for pharmacists unable to comply with the EC Directive on package leaflets, which applies to medicines licensed or relicensed after January 1.

The Law and Ethics Policy Committee was concerned that the MCA had not properly addressed the problems in implementing this Directive in the UK; it was unacceptable for pharmacists to be potentially at risk when no measures had been taken to enable them to comply. Reprieve for regions Council agreed that the Society's regional structure should continue.

### BPC Conference

# Last orders, please, for revised BPC

The bulk of the socialising at this year's shorter British Pharmaceutical Conference may have been lost, but the substance has

been retained. In particular, says the Royal Pharmaceutical Society, the science content of the event is as strong as ever.

Because none of the Society's branches volunteered to host the Conference in 1994 and 1995, it has been trimmed from its usual four week days to a weekend, starting on the evening of Friday September 16 and winding up at 4pm on September 19.

The range and number of addresses, talks and seminars has been kept almost to the level of previous years by dropping social events, bar the 'welcome reception' and the main dinner on Saturday night.

Time will also be saved by the compact 'campus' of the Conference. The science programme will be held at the Institute of Education in London's Bedford Way, with the professional and practice sessions held across the road at the Royal National Hotel, where accommodation is also available.

Delegates can also stay at other hotels and various halls of residence in surrounding streets — all of which, like the venue itself, are within easy walking distance of Russell Square Underground station and Kings Cross and Euston mainline railway stations.

Appropriately for the new format event, the overall theme of the Conference will be the 'The changing face of health care'. This encompasses both the latest

developments in medicines and treatments, and the current upheaval in methods of health-care delivery.

The main Conference lecture has the same title as the whole event and will be given by Professor M Marinker, director of medical education at Merck, Sharpe and Dohme.

The professional sessions both focus on the National Health Service changes, with the first carrying the subtitle 'What is wanted from pharmacy?', the second 'Can pharmacy provide?'.

Group discussions will cover Health Service reforms as well, but also more business-related topics. These include auditing, the use of information technology, distribution of medicines in the single market and automated dispensing. Additionally there will be an examination of 'Pharmacy and complementary remedies'.

The science programme will be equally wide ranging, encompassing talks on gene therapy in the treatment of cystic fibrosis and cancer, and the use and abuse of drugs in sport — including horse racing!

The full Conference registration fee is £112, with presenters and students charged half that. Bed and breakfast in the halls of residence starts at £22 per person and the Conference dinner is £43 a head. A 20 per cent fee is charged on bookings cancelled after August 19.

### Letters

## Misuse of the word 'Asian'

It is with sadness that I read that your publication has lowered its standard of reporting to that of the tabloid press.

The article 'Reprimand for container popping' (C&D August 6, p194), describing the pharmacist with ethnic connotations does not go well in any professional periodical. A more appropriate term would have been a 'London pharmacist'. Ethnicity had no bearing to the case concerned.

Generally, it is seen that whenever ethnic breakdown is used, its main purpose has been to insult that section of the population and always connected to something bad that has happened.

AN example would be that, if I mugged someone, I would be referred to as an 'Asian mugger', however, if I won a Nobel Prize, I would be referred to as a 'British laureate'.

J Patel  
Romford

*Editor: we agree with Mr Patel and apologise unreservedly. The offending ethnic qualification should have been edited out of a news agency-contributed court report.*



The winning pharmacists in the Coloplast/Comfeel prize draw were flown to Denmark for a three-night weekend. Pictured outside the Coloplast headquarters in Copenhagen are left to right: Linda Ford of Chantler & Ford Pharmacy, the Wirral, with husband Jim; Alison Winter and Sue Dewey of Coloplast; and Vinesh Suchak of Orbis Pharmacy, London, with wife Nisha



# The Nurofen TV campaign strikes again.

• National campaign breaks again 22nd August •  
£4.5 million spend this year • So stock up now •

**NUROFEN**



12 Tablets

A BREAKTHROUGH IN PAIN RELIEF



## Vital Health up for sale as receivers called in

Ideal Health and Vital Health (formerly Vitalia), the vitamin and supplement companies run by Pradip Pattni, ceased trading last week and called in the receivers.

On Tuesday the business and assets of both companies were advertised for sale in the *Financial Times*.

Mr Pattni says the failure of his companies is largely the result of external factors, in particular the development of own-label products and the trend in both retail and wholesale sectors towards fewer companies.

"The number of wholesale outlets has effectively been reduced and this has led to intense competition between them. Unfortunately, it is the

small companies like ourselves who have become the pawns in their power struggle," he says.

"Purely political, not commercial decisions have become the norm. These pressures became too much and we had no option but to call in the receiver. I have no doubt that many other small companies such as ours are experiencing the same sort of pressures."

Products from Vital Health and Ideal Health have been distributed by Farillon for the past nine years. Farillon was acquired in March, 1992 by Lloyds Chemists.

Although both companies' products are stocked by AAH wholesalers, the Vitalia range was delisted by Unichem in June, 1993. A spokesman says the reason was the low rate of sale.

It is also understood that Vital Health and Ideal Health have been in financial dispute with their distributors for the past couple of months.

Receiver Ernst & Young is offering the business and assets of both companies for sale. The principal features are:

- Distribution and intellectual property rights to the 'Specially for...' range of vitamins and supplements

- Distributor of Vitalia and Kneipp vitamins, supplements, herbal teas and other lines

- Freehold premises of approximately 8,000sq ft in Hemel Hempstead.

Turnover for the two companies for the year to March 31 was £890,000.

The receiver was preparing a statement on the future of the businesses as C&D went to press. Whether Farillon is still in a position to supply stock was unclear. Dick Turner, Lloyds' commercial director, says the situation is confused and that the company is in discussion with all parties. He would not comment on whether Farillon had been in dispute with Mr Pattni.

Although Mr Pattni is down, he is not yet out. On Tuesday, he was hopeful that he would soon be back in business: "It is my intention to recommence trading as soon as possible, although it may be under a different company."

## Irish merger forms Uniphar

Two of Southern Ireland's biggest pharmaceutical distributors have merged to form the Uniphar Group, owned and managed by pharmacists with an annual turnover of around £70 million.

The United Pharmacists Co-operative Society Ltd has acquired the total share capital of the Allied Pharmaceutical Distributors group of companies and has combined the agency and wholesale distribution activities.

Allphar Services, the agency division of APD, will continue to operate as an autonomous company within the group.

The new company is looking to expand the agency division, particularly into over the counter medicines distribution. There are no plans yet to expand into Northern Ireland.

Uniphar also wants to increase the number of pharmacist shareholders. At the moment, a quarter of all retail pharmacies in Eire own shares in Uniphar.

The merger aims to consolidate the companies' position by becoming "a very big player" in the pharmaceutical industry. Tom McAuliffe, managing director of Allphar, adds that: "The industry is under pressure and this will ensure that pharmacists control the pharmaceutical industry."

## S&N sells US lens business

Worldwide healthcare group Smith & Nephew has sold its worst performing business days ahead of publication of its interim results on Thursday.

Ioptex, a US-based intraocular lens business, has been sold to the Allergan Corporation in California for £11 million cash, about £150m less than S&N paid for it in 1988.

The sale, which is conditional on US government clearance, includes international distribution arrangements.

The sales and profits of Ioptex were £27m and £0.2m respectively in 1993, and net assets were £18m. S&N says the disposal will modestly enhance earnings before exceptional items by replacing a small current loss with interest earnings.

There will be an exceptional charge against 1994 profits of £148m, which will be included in interim results for the six months to July 2.

## European perspective

Greater pharmacy consolidation along UK lines is likely to be seen in other European countries, claims a new report on pharmaceutical retailing.

Pressure on pharmacy margins and government policy is creating suitable conditions for the growth of pharmacy chains outside the UK, it says, noting that the retailing mix of community pharmacies is also changing.

Community pharmacists are coming to rely more on OTC sales and less on the dispensing of ethicals. However, the increased sales of OTCs are not proving sufficient to compensate for the tendency towards falling margins caused by healthcare reforms.

'Trends in Pharmaceutical Retailing in Europe, the Changing Role of the Pharmacist' (£1,450) is available from Data-monitor. Tel: 071 625 8548.

## Tesco falls foul of new Sunday laws

Tesco appears to have inadvertently limited the range of goods its in-store pharmacies can sell out of hours on Sunday.

The situation has arisen through the recently-passed Sunday Trading Act which restricts the out of hours sale of non-medicinal items.

By registering the entire supermarket as a pharmacy, rather than just the immediate area of the dispensary, this takes Tesco's 'pharmacies' over the 280sq m limit.

They are therefore classified as 'large shops' under the Act, and as such have different trading restrictions. Large shops can only sell 'medicinal products and medical and surgical appliances' outside the core six-hour Sunday trading period, and not sundries such as toiletries.

Tesco pharmacy superintendent Mike Rudin says this is "a slight disadvantage for large store pharmacies". It means any such store doing a late weekend rota will only be able to sell medicines and dispensing scripts, whereas a smaller independent may not be.

However, Mr Rudin does not believe concessions (such as operate in some Tesco stores and Asda) will be subject to the same restrictions as there is clear delineation between the pharmacy and the main store.

## Myrica gale windfall

Efamol has received a £25,000 grant from the Skye and Lochalsh Enterprise Unit to fund research on a midge repellent using the leaves of the sweet myrtle (*Myrica gale*).

As Efamol points out in a masterly understatement, "visitors to the Highlands and islands know midges can frequently reduce one's enjoyment of summer".

Three years ago, Angus Stuart, a retired professor of pathology from Edinburgh, approached the company with the idea that oil from the leaves of the plant seemed to be an effective natural midge repellent.

Sweet myrtle grows extensively all over Skye and the northern parts of Scotland or land generally unsuitable for cropping or grazing.



# Numark spurns Lloyds again

Numark has once again spurned approaches by Lloyds to provide Numark services, this time through Daniels Pharmaceuticals. This is the fourth time Lloyds has taken over a Numark wholesaler and then been rebuffed by the voluntary trading organisation.

## Zeneca going strong in Europe

Zeneca Pharmaceuticals has performed well in European markets and Japan, helping to boost trading profit by 7 per cent to £320 million for the six months to June, with sales up 6 per cent to £976m.

In the UK, Zeneca's sales have risen by 14 per cent, and strong European growth was seen in Italy (26 per cent), Germany (25) and France (8). Sales in Japan rose by 5 per cent.

Growth phase products showed substantial gains. Zoladex and Diprivan were particularly successful with sales increases of 33 per cent and 28 per cent respectively.

Zestril, however, lagged behind with worldwide growth of 15 per cent, but performed well in the UK, Germany and Italy with an over 40 per cent increase.

Although Tenormin and Nolvadex are performing badly in the US, worldwide sales fell by only 10 per cent and 2 per cent respectively.

In the US, sales fell by 2 per cent, mainly as a result of increased price discounting, decreases in Tenormin sales because of patent expiry, and lower volume sales of Nolvadex.

Zeneca has signed up with a healthcare management organisation in the US in a bid to improve its market share. The HMO will be responsible for the marketing and distribution of Diprivan and the antibiotic Cefotan in 18 per cent of the hospital sector.

Across the group, as a whole sales were up 3 per cent to £2.38bn and profits before exceptional items were up 31 per cent to £451m. However, £100m is being set aside to restructure the agrochemicals and specialities operations and to withdraw the seeds division from Eastern Europe. As a result, 500 jobs are being axed, with half going from Britain.

Zeneca's Cellmark Diagnostics business has signed an agreement with Kodak Clinical Diagnostics to manufacture and market genetic testing products in Europe.

In a letter sent out to Numark customers on Wednesday, managing director Terry Norris reminds pharmacists that when Lloyds Chemists bought Daniels Pharmaceuticals Ltd in June (C&D June 18 p1067) "the shareholding in Numark was retained by the old 'Daniels' company (no longer believed to be trading as a wholesaler). The new Daniels Pharmaceuticals is not a Numark member.

"Lloyds subsequently asked to become a member of Numark, and while negotiations were taking place, a supply of Numark own brand goods was made to Lloyds to maintain supplies.

"Unfortunately negotiations with Lloyds did not reach a satisfactory conclusion. Therefore we will not be able to continue with this supply."

Mr Norris refers pharmacy customers to Mawdsley Brooks and East Anglia Pharmaceuticals for a continuing supply of Numark goods and services.

"Plans to restructure the company to retail ownership continue apace and we anticipate being able to supply full details in early October," he concludes.

# Wellcome unveils five new anti-HIV compounds

Wellcome is reasserting its position in the fight against AIDS with the development of five new anti-HIV compounds.

And this week the US Food and Drug Administration has also approved Retrovir in the prevention of transmission of HIV from infected pregnant women to their babies.

Three of the compounds (coded 935, 524 and 1592) undergoing clinical testing are reverse-transcriptase inhibitors with the same mode of action as Retrovir.

In addition, a protease inhibitor licensed from Vertex and an immunomodulator called Tucaresolm are being investigated and should enter Phase 1

clinical trials shortly. Wellcome is also finalising agreements with Glaxo to develop another reverse-transcriptase inhibitor, 3TC, as part of double and triple combination therapies.

The formation in the US of the Inter-company Collaboration on AIDS Drug Development by 16 pharmaceutical companies has facilitated triple drug therapy studies.

Dr David Barry, Wellcome director of research, development and medical affairs told the 10th International AIDS Conference in Japan, of Wellcome's strategy "to reduce the time required to bring effective new therapies to the clinical management of HIV infection".

## AHP dynamites talks between SB and Cyanamid

Last week's \$8.5 billion bid by American Home Products brought to an abrupt halt the planned asset swap expected between Cyanamid and Smithkline Beecham.

Since the bid is at a premium of 50 per cent on the share price,

there was no way the deal could proceed. Cyanamid chairman Albert Costello was aware of AHP's interest in a takeover, but selling the entire company was not understood to be part of his plan.

The AHP offer comes as the first unsolicited bid in pharmaceuticals since Roche offered \$4.7bn for Sterling in 1988. If successful, the acquisition would be the biggest in the pharmaceuticals industry and would place the company as the world's fourth largest after Merck, Glaxo and Bristol-Myers Squibb. Combined group drugs sales would be \$7bn.

AHP forecasts after-tax profits of \$1.7bn for 1995. This would enable AHP to broaden its product range, allowing more drugs to be sold to managed care customers.

Some analysts believe that SB could still counterbid. If so, SB would gain the pharmaceuticals division and the vaccine business, thus creating the world's largest vaccines company. But the company shows no sign of making a counter offer.

## Cystic fibrosis gala

A gala evening to raise money for cystic fibrosis is being held on August 27 at the Forte Crest Hotel, Glasgow.

The event will be action-packed with a four-course meal, raffle, live band and disco until 2am.

Entrance is £25 per person and 240 of the 500 tickets available have been sold so far. Donations are welcome and further information is available from Andrew Dickie on 03553 3148.

### In the City

The takeover boom in the US pharmaceuticals industry has helped boost investor interest in British drug stocks. The proposed acquisition by American Home Products for fellow US group Cyanamid has renewed bid speculation in Wellcome.

There is talk that Glaxo, which is sitting on a £2 billion cash pile, could be considering an offer for its much smaller UK rival. Analysts believe that a takeover price at around 900p a share, a substantial premium to Wellcome's current market price, is not unrealistic. The rumours, together with recent strong full-year results, have led to a sharp rise in share price.

Smithkline Beecham comes under the hammer despite a good set of first half figures. Nomura Research has further downgraded its profit forecasts for the company by £20 million to £1.2bn for the next year. The broker expects a slight decline in underlying earnings for this year, largely because of the adverse impact of Tagamet's patent expiry. As a result, Nomura believes Smithkline's shares will underperform. The firm is also a seller of Fisons because of a sharp drop in Intal sales in the US.

Smith & Nephew has put up a robust performance despite the sale of Ioptex, the US eye treatments business, for a £148m loss after just six years. The disposal comes as a relief to City investors and closes an ill-fated chapter in the group's history.

Natwest Securities believes the remainder of S&N's businesses should produce solid underlying growth with the company's interim profits due last Thursday. The broker is looking for a jump in pre-tax profits from £76m to £82.5m. The results should reflect a 9 per cent rise in revenues from the consumer division because of shifting consumer patterns and the elimination of low-growth businesses. In spite of increased pressures from the US healthcare reforms, its healthcare side is expected to report an 11 per cent growth. For the full-year, the firm is looking for taxable profits of £176m against £163m.

Meanwhile, Zeneca has been buoyed by a rash of recommendations following its half-year results. Experts believe a strong line-up of new drugs is in the pipeline.



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## APPOINTMENTS



### RETAIL PHARMACY SALES POSITIONS



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#### HIGHLY COMPETITIVE PACKAGE

The successful candidates will have a proven track record within the generic/pharmaceutical, pharmacy OTC, or FMCG markets. Knowledge of the retail pharmacy customer base in the relevant area will be a major advantage. A high level of inter-personal skills and initiative will be expected of successful appointees in managing the wide responsibilities of these appointments.

On offer is a highly competitive salary, attractive bonus scheme, company car and business expenses.

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Pharmacist required to manage village pharmacy. Five day week. Leisurely hours. Newly registered or long term locum also considered.

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Exciting opportunity for Pharmacist Manager to help develop a prescription based city pharmacy into an overall healthcare orientated pharmacy. Suit recently registered with fresh ideas.

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**Mr C. McRoberts,**  
Listermac Pharmacy,  
3 Union St, Portnokie Buckie,  
Banffshire AB56 2LF.



## APPOINTMENTS



**ANGLIA REGIONAL  
CO-OPERATIVE CHEMISTS**

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As a Division of one of the most successful Co-operative Societies in the UK our continued expansion and internal promotion have led to two branch management positions becoming available.

#### WESTWOOD, Peterborough

An above average size community pharmacy, recently refurbished and now requiring a manager capable of further developing both the professional and commercial performance of the branch.

Whilst the successful candidate must show commercial awareness, high calibre newly qualified pharmacists will be considered.

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**Mike Oldfield, Superintendent Pharmacist, Anglia Regional Co-operative Chemists Ltd, Central Square, Stanground, Peterborough. PE2 8RH**

**or telephone Paul Durston (after 7.00pm) on 0733 390335**

Registered Office: Park Road, Peterborough. PE1 2TA

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#### CONTACT:

Sandra Williams, Pharmacist Recruitment Officer, Lloyds Retail Chemists Limited, Manor House, Manor Road, Mancetter, Atherstone, Warwickshire CV9 1QY

Telephone: Pharmacist Recruitment Direct Line 0827 713990 (daytime, evenings and weekends)

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You will be M.R.Pharm.S qualified, with good communication skills and have the ability to work alone and under pressure. A knowledge of drug misuse and community pharmacy experience would be an advantage.

For an informal discussion/visit please contact Patrick Aust on (0223) 245926 ext. 2146.

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For an application form and job description please contact Lifespan Healthcare, Personnel Department, Chesterton Hospital, Union Lane, Cambridge CB4 1PT. Telephone (0223) 63415 ext. 383/4 or our answerphone on (0223) 359466 after 5pm and weekends.

Closing date: 24th August 1994.

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EXPERIENCED and reliable Locum Pharmacist available for occasional or regular days in Central Scotland. Please telephone Carolyn Nelson 041 776 1653.

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**TRADE LESS 20%** - Ditropan 5mg 20x84, Zovirax shingle pack 800mg. Tel: 081-953 3320.

**TRADE LESS 50%** - Salts simplicity 510340x5, Hollister 3663x2, Hollister 7765x1, Colodress plus S863x2, Colodress plus S867x2. Tel: 0674 672401.

**TRADE LESS 30%+VAT+POSTAGE** - 50 Carace 5mg (exp 11/94), 2x21x2 Binovum (exp 9/94), 56 Frusene (exp 11/94), 75 Fucidin tabs (exp 10/94), 2x28 Nystan pastille (exp 11/94), 50 Noctec (exp 12/94), 84 Merbentyl 20mg (exp 10/94). Tel: 081-764 4812.

**TRADE LESS 50%+VAT** - Relifex susp, Aldactone 50mg, Dibenyline caps, Dilzem SR 120. Tel: 0732 452452.

**TRADE LESS 35%+VAT+POSTAGE** - Biotrol elite 32-835 6x30, 32-840 2x30, Ileo S 32-735 2x30, Integrale 32-435 1x30, 32-440 1x30, Simcare EC1 3233049 1x30, 3233022 3x30 Hollister karaya 5 3315 4x30 stoma pouches 3534 1x15. Tel: 0582 27331.

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Please contact B. Chan after 6pm. on

**0708 373 442**

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**LEEDS:** Locum Pharmacist required for regular Saturday mornings and also one to two weekdays. Tel: 0532 326 002.

**LONDON SE4:** Locum required to work for 4 weeks, starting 2nd week of August full time. Tel: 081 692 2823.

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Pharmacists are responsible for the quality, safety and efficacy of medicines they supply. In purchasing from sources other than manufacturers or licensed wholesalers, they must satisfy themselves about product history, conditions of storage and so on.



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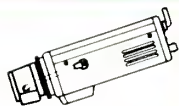
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**Businesslink**

A FREE Service for Chemist & Druggist Subscribers

Free entries in "Business Link" (maximum 30 words) are restricted to community pharmacist subscribers to *Chemist & Druggist*. No trade advertisements will be permitted. Acceptance is at the discretion of the Publishers and depends upon space being available. Send proposed wording to "Business Link" using the form printed alongside.

Appointments, situations wanted, and businesses for sale will be incorporated as lineage advertisements under the appropriate Classified headings.

To: Business Link, CHEMIST & DRUGGIST, Benn House, Sovereign Way, Tonbridge, Kent TN9 1RW.

PLEASE COMPLETE IN BLOCK CAPITALS

Surname .....

First names .....

Address .....

Postcode .....

Personal RPSGB Registration number .....

Telephone number .....

Proposed advertisement copy (maximum 30 words)

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PMR

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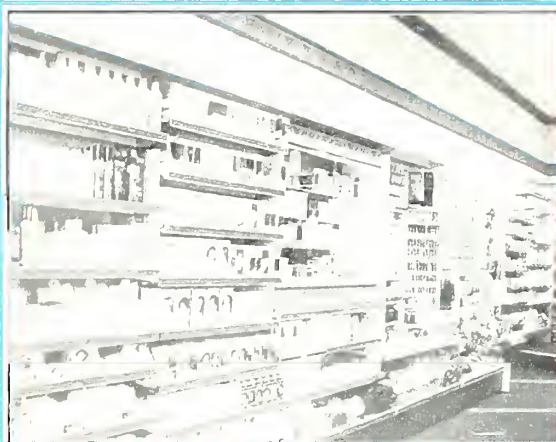
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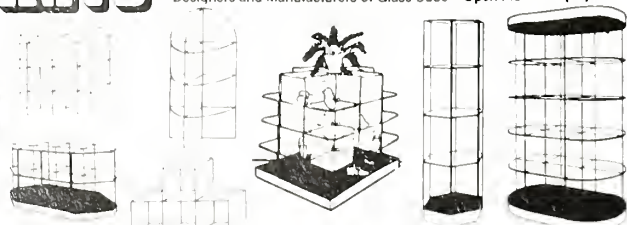
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Surplus Coloured Glass Bottles and Jars Wanted  
Black Glass Jars. Drug Jars — Blue or Green.  
Blue Castor Oils. Coloured Soda Syphons.  
"Admiralty" Square Blue Poisons. Spare Stoppers.  
Common Blue "Not to be taken" Poisons — All shapes.  
Mixed Assortments of Surplus Bottles as above.

Contact: **Eric Padfield,**  
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Tel: 0935 816073 Fax: 0935 814181

## STOCK FOR SALE

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AUGUST 1994

HAIRCARE	NORMAL	SPECIAL	
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KENWOOD CB300 Electric Styling Brush	10.95	4.95	55% OFF
KENWOOD CT300 Electric Tong + Brush	10.95	4.95	55% OFF
CLAIROL CR2 Crimp and Wave	8.25	5.50	33% OFF
CLAIROL FS14 14 Set of Benders	16.00	9.99	38% OFF
CLAIROL SD1600 Format 1600w Dryer	10.99	7.25	34% OFF
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# Aboutpeople

## Garlic blows through Channel

Tim Horne, group product manager for Seven Seas, was the first to welcome the Höfels catamaran home after a race with the Hoverspeed SeaCat across the Channel.

The race, from Boulogne to Folkestone, was part of the Great Garlic Run, sponsored by Höfels garlic pearls to raise awareness of the health benefits of garlic.

Some 17 radio stations around the country were involved on the day, running live interviews with David Roser of the Garlic Research Bureau and a French garlic grower. Höfels offered 'garlicky' competition prizes.



Tim Horne (right) greets the crew of the Höfels catamaran on completion of the Channel crossing

## Garden celebrates a decade

The Chelsea Physic Garden has been opening its doors to the public for 10 years, and is celebrating this with a specially commissioned exhibition.

The art display, 'From seventeenth-century roots: our working garden', highlights the garden's important role in education and research over the years. Alongside are colour photographs showing the renovation programme of the last decade.

The exhibition is open between July 20 and September 25 on Wednesdays and Sundays.



Pictured left to right: Dr Peter Longthorne, marketing and sales director of Schering Health Care; Professor Sir Duncan Nichol; Elizabeth Roddick; Professor Graham Calder, governor of the CPP and regional adviser for Scotland; and Dr John Farwell, chairman of the CPP

## CPP Schering Award

The College of Pharmacy Practice held its third Schering Award dinner on July 21 to honour outstanding contributions made to pharmacy practice.

Elizabeth Roddick won the Award for demonstrating the contribution of community

pharmacists to the primary healthcare area.

A speech entitled 'From managed competition to managed care' was presented by Professor Sir Duncan Nichol, head of the Centre for International Health Care Management.



Hereford pharmacist Martyn Carroll (right), of T Lloyd Davies Ltd, has won £4,000 from Sterling Health for a window display competition on the theme of 'Go Supersonic with Andrews Antacid'. Presenting the cheque are Sandra Parfitt, Sterling Health's territory manager; and Ian Dallimore, regional sales manager

## Appointments

Lichtwer Pharma UK has appointed **Paul Kerry** as general manager. Previously sales and marketing director at Britannia Health Products, he now heads up the UK subsidiary of the Berlin-based Lichtwer Pharma GmbH.

**Dr Peter Laing** has joined the Peptide Therapeutics Group as director of research. He will use peptide technology in drug design.

Proteus International plc has appointed **Dr Donald Ingber** as an associate director of Proteus Molecular Design Ltd.

**Timothy Howden** has joined the board of Scholl plc as a non-executive director. Mr Howden is the Albert Fisher organisation's group chief executive for Europe.

**Les Wood** has been promoted to director of UK sales and international sales development for Zyma Healthcare. Mr Wood will be responsible for the company's European sales strategy in the over the counter area.

Pharmacist **Gareth McCague** has been appointed marketing development manager for AAH Hospital Service.

## Vantage phone card auction

Anyone with a special Vantage-branded British Telecom card should keep it safe. It could be worth up to £100.

The cards, issued in July to Vantage members, were part of a launch campaign inviting members to become BT phone card agents.

Members of the BT Phone Cards Collectors Club have focused their attention on limited issue Vantage cards, unused or in mint condition.

Darren Kirton, AAH Pharmaceuticals' retail development manager, who has been approached by collectors, says: "We have a few cards left and will present these for auction."





# WHATEVER THE DEFINITION



11TH-12TH SEPTEMBER 1994  
HALL 2, WEMBLEY EXHIBITION CENTRE

## has it covered

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PILLS**

**FOR THE RELIEF OF BACKACHE, RHEUMATIC & MUSCULAR PAIN & SPRAINS**

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**Active Ingredient:** Ibuprofen BP 5.0% w/w **Directions:** Lightly apply a thin layer of the gel over the affected area. Massage gently until absorbed. Wash hands after use. Repeat as required up to three times daily. **Indications:** For the relief of backache, rheumatic and muscular pain, sprains and strains. **Precautions:** If symptoms persist for more than a few weeks, consult doctor. Not recommended for children under 14 years. Patients with a history of kidney problems, asthma or aspirin sensitivity should seek medical advice before using IBULEVE. Keep away from broken skin, lips and eyes. Not to be used during pregnancy or lactation. Keep all medicines out of the reach of children. Do not use if sensitive to any of the ingredients.  
**FOR EXTERNAL USE ONLY** | **Legal category** P | **Packs:** Tubes of 30g (PL 0173/0060), price £3.79.